IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

BARRY RANDALL THOMAS,)
AIS NO. 178628,)
Plaintiff,)
v.	CIVIL ACTION NO. 2:07-cv-00630-MEF-WC
DR. DARBOUZE, NURSE KAY WILSON,)
AND WARDEN DAVENPORT,)
)
Defendants.)

EVIDENTIARY SUBMISSION IN SUPPORT OF DEFENDANTS' RESPONSE TO MOTION FOR PRELIMINARY INJUNCTION

COME NOW, Defendants DR. JEAN DARBOUZE ("Dr. Darbouze") and NURSE KAY WILSON ("Nurse Wilson"), and submit the following evidentiary materials in support of their Response to Motion for Preliminary Injunction:

- A. Affidavit of Dr. Jean Darbouze;
- B. Affidavit of Kay Wilson, RN, H.S.A.; and
- C. Affidavit of Beth H. Long with a true and correct copy of pertinent excerpts from Plaintiff's medical records bates labeled PHS001 PHS133.

Respectfully submitted this 22nd day of August, 2007.

s/ William R. Lunsford

One of the Attorneys for Dr. Jean Darbouze and Kay Wilson, RN

Filed 08/22/2007

OF COUNSEL:

William R. Lunsford Maynard, Cooper & Gale, P.C. 655 Gallatin Street Huntsville, Alabama 35801

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Email: blunsford@maynardcooper.com

CERTIFICATE OF SERVICE

I hereby certify that on the 22nd day of August, 2007, I electronically filed the foregoing with the Clerk of the Court and mailed via regular U.S. mail or via electronic mail (as designated below) to the following:

Barry Randall Thomas AIS # 178628 Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017-2613

Tara S. Knee (*via electronic mail*) Alabama Department of Corrections Post Office Box 301501 Montgomery, AL 36130-1501

s/ William R. Lunsford

Of Counsel

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Exhibit "A"

Affidavit of Dr. Jean Darbouze

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

BARRY RANDALL THOMAS,)	
AIS NO. 178628,)	
Plaintiff,)	
v.)))	CIVIL ACTION NO. 2:07-cv-00630-MEF-WC
DR. DARBOUZE, NURSE WILSON,)	
AND WARDEN DAVENPORT,)	
)	
Defendants.		

AFFIDAVIT OF DR. JEAN DARBOUZE

STATE OF ALABAMA)
)
COUNTY OF BARBOUR	Ì

Before me, the undersigned Notary Public, personally appeared DR. JEAN DARBOUZE who, after being duly sworn, states as follows:

- My name is Dr. Jean Darbouze. I am over the age of nineteen (19) years and have 1. personal knowledge of the information contained in this affidavit.
- I have been a licensed physician in Alabama since 1996 and have been board 2. certified in internal medicine since 1997. From February of 2000 through February of 2004, and again from April 16, 2004 through the present, I have served as the Medical Director for Easterling Correctional Facility ("Easterling") in Clio, Alabama. Since November 3, 2003, I have been employed by Prison Health Services, Inc. ("PHS") as the Medical Director at Easterling.
- 3. I am familiar with Barry Randall Thomas ("Thomas"), an inmate who has been incarcerated at Easterling and who filed this lawsuit. It is my understanding that a true and

correct copy of his medical records are being submitted to the Court concurrently with this Affidavit and my statements below include specific citations to the Bates-labels affixed to the pertinent portions of Mr. Thomas's medical records.

- 4. Mr. Thomas's complaint of back pain originated in 1995. Mr. Thomas submitted a sick call request form dated January 18, 1995, writing, "pain in lower back for past three days." (PHS051). Mr. Thomas was evaluated the following day by the medical staff and was provided with pain medication and muscle relaxers. (PHS052). The medical staff at Bullock Correctional Facility specifically noted that upon examining Mr. Thomas on January 19, 1995, Mr. Thomas likely pulled a muscle in his back. (PHS052). After this January 19, 1995, episode of back pain, Mr. Thomas's complaints stopped.
- 5. Mr. Thomas submitted sick call request forms or other similar forms for non-urgent medical attention on July 18, 1996, July 24, 1996, July 25, 1996, August 8, 1996, January 1, 1997, November 2, 1997, January 6, 1998, August 5, 1998, November 29, 1998, January 31, 2001, July 15, 2002, October 14, 2002, October 19, 2002, April 6, 2003, and April 9, 2003. (PHS028, 30, 32, 33, 35, 36, 40, 42, 43, 45, 46, 47, 48, 50, 84-88). In a sick call request form dated April 3, 2004, Mr. Thomas complained of abdominal pain, but did not mention any pain with regard to his lower back. (PHS028). When examined by the medical staff on April 8, 2004, Mr. Thomas did not voice any complaints regarding lower back pain. (PHS014). In a sick call request form dated April 3, 2005, Mr. Thomas did not mention any complaints about lower back pain, but only complained of "constipation." (PHS027). When I examined Mr. Thomas on April 6, 2005, Mr. Thomas did not voice any complaints regarding lower back pain. (PHS013). In fact, Mr. Thomas did not mention any complaints of back pain for over ten (10) years, i.e. between January 19, 1995, and November 12, 2005.

- 6. Mr. Thomas completed a sick call request form dated November 13, 2005, complaining of lower back and left hip pain. (PHS025). After submitting his November 13, 2005, sick call request form, Mr. Thomas was evaluated by the medical staff. (PHS026). Mr. Thomas was examined by the medical staff during sick call and it was noted that he did not have any physical injuries or obvious signs of trauma to his lower back. (PHS026). Mr. Thomas was referred to me for further evaluation and given a prescription for Tylenol. (PHS026).
- 7. I examined Mr. Thomas on November 18, 2005. (PHS013). During this examination, Mr. Thomas complained of lower back pain, but denied any weakness, any prior surgeries and/or prior trauma which would in any way cause the complained of back pain. (PHS013). Upon examining Mr. Thomas, I only discovered mild muscular tenderness in Mr. Thomas's lower back and did not note any symptoms or problems which would indicate any type of neurological or other structural defect. (PHS013). After examining Mr. Thomas, I ordered that he undergo an x-ray of his lower spine, receive 10 mg of Flexeril three times a day for one week, Tylenol three times a day or as needed for two weeks and Feldene once a day in the evening for fourteen days. (PHS005, PHS013, PHS058). Feldene is a non-steroidal anti-inflammatory medication often utilized to reduce pain, swelling and/or stiffness associated with muscular strains, pain and discomfort. In a physician's order dated November 18, 2005, Mr. Thomas was also instructed to avoid prolonged standing. (PHS005, PHS111).
- 8. Mr. Thomas underwent an x-ray of his lumbar spine on November 21, 2005. The results of the November 21, 2005, x-ray demonstrated that, "[t]the vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease." (PHS083).
- 9. I examined Mr. Thomas again on December 9, 2005. (PHS009). I noted that his lower back pain had not greatly improved and, in fact, worsened after prolonged periods of time

standing. (PHS009). Mr. Thomas requested during the December 9, 2005, appointment that I provide him with a profile allowing him to sit when necessary and directing the correctional staff to allow him to avoid prolonged periods of standing. (PHS009). In response to this request, I provided the requested prolonged standing profile as well as medication (Percogesic, Motrin) and topical cream (Bengay) intended to alleviate his muscular discomfort. (PHS009, PHS056-57, PHS110). After this November, 2005, episode of back pain, there were no further complaints of back pain from Mr. Thomas until May of 2007, just over three months ago.

- 10. In a sick call request form dated May 2, 2007, Mr. Thomas noted that his lower back pain continued but requested information as to whether there was a "different treatment" or whether the medical staff could "schedule a more sensitive exam CT or MRI?" (PHS024). Mr. Thomas was summoned to the health care unit on May 3, 2007, for sick call, but he failed to appear. (PHS101). When Mr. Thomas underwent his yearly examination on May 11, 2007, the medical staff did note that Mr. Thomas complained of episodes of "sciatica." (PHS126).
- 11. Mr. Thomas completed a sick call request form dated May 13, 2007, in which he complained of "lower back and left leg pain." (PHS022). When Mr. Thomas reported his sick call on May 13, 2007, Mr. Thomas stated "my sciatic nerve is bothering me" and informed medical staff that it had been causing pain for approximately "2 months." (PHS023). Medical staff examined Mr. Thomas during the May 13, 2007, sick call and noted that Mr. Thomas walked evenly with a steady gait and complained only of dull, or aching pain to his left lower back. (PHS023). At the conclusion of the May 13, 2007, sick call, Mr. Thomas received 600 mg of Motrin and was referred to me for further evaluation. (PHS023, PHS055).
- 12. I examined Mr. Thomas again on May 15, 2006, during which Mr. Thomas voiced complaints of lower back pain. (PHS012). During the May 15, 2006, examination, Mr.

Thomas did not exhibit any symptoms of any particular spinal condition or disease, only complaining and demonstrating muscle tenderness in the left side of his left back. (PHS012). At the conclusion of the May 15, 2006, examination, I prescribed Motrin and Flexeril three times a day for Mr. Thomas and also directed Mr. Thomas to utilize only a bottom bunk. (PHS012, PHS055). Mr. Thomas received a bottom bunk profile from May 15, 2007, through May 30, 2007. (PHS100).

- Mr. Thomas complained of continuing back pain in a sick call request form dated May 28, 2007. (PHS021). He submitted a second sick call request form dated May 30, 2007, in which he complained of continuing back pain and stated that his existing medications, including "pain medications and muscle relaxers," were not "alleviating symptoms." (PHS019).
- 14. On May 28, 2007, Mr. Thomas complained that he was unable to put any pressure on his left leg and was immediately brought to the healthcare unit for evaluation. (PHS099). After being examined by the medical staff at approximately 8:45 a.m. on May 28, 2007, Mr. Thomas was moved to the infirmary for observation by the medical staff. (PHS099). The medical staff noted that after Mr. Thomas was admitted to the infirmary on the morning of May 28, 2007, he was able to walk around the infirmary with assistance. (PHS099). By 12:10 p.m. on May 28, 2007, Mr. Thomas stated that he felt "better" and that "the pain comes and goes." (PHS099). Mr. Thomas was released from the infirmary at approximately 12:10 p.m. on May 28, 2007, and was encouraged to remain compliant with his medications. (PHS099).
- 15. Mr. Thomas was evaluated by the medical staff on May 30, 2007, in which he also complained of lower back pain. (PHS020). During the sick call on May 30, 2007, Mr. Thomas complained that his back pain had only existed for "3 months." (PHS020). At the conclusion of sick call, Mr. Thomas refused additional medication and was referred to me.

- (PHS020). I provided Mr. Thomas with a bottom bunk profile, instructing him only to utilize a bottom bunk, beginning on May 30, 2007. (PHS004)
- I examined Mr. Thomas on June 5, 2007, and this examination only revealed 16. continuing muscular tenderness in Mr. Thomas's lower back pain. (PHS012). I continued Mr. Thomas's prescriptions for Motrin, Flexeril and Bengay as well as Mr. Thomas's order to utilize only a bottom bunk. (PHS004, PHS012, PHS096, PHS053).
- When I examined Mr. Thomas on June 8, 2007, Mr. Thomas complained of 17. continuing back pain, but did not demonstrate any tenderness in any bony section of his spine, only complaining of tenderness in the muscular section of his lower back. (PHS011, PHS095). At the conclusion of the June 8, 2007, examination, I concluded that there was no specific cause of Mr. Thomas's continued back pain other than muscular tenderness. (PHS011, PHS095).
- Mr. Thomas received orders to undergo an x-ray of his lower spine as well as 18. crutches on June 8, 2007. (PHS004). Mr. Thomas underwent an x-ray of his lumbar spine on June 12, 2007. (PHS082). The board-certified radiologist who reviewed the x-ray results of Mr. Thomas's June 12, 2007, study, concluded as follows, "[t]he vertebrae are well aligned and show no evidence of any fracture or other destructive bone disease." (PHS082).
- On June 13 and 17, 2007, Mr. Thomas submitted a sick call request forms in 19. which he complained of continued back pack. (PHS016, PHS018). Mr. Thomas failed to report to sick call on June 14, 2007, when he was summoned to the healthcare unit for examination. (PHS092). When presented with the "release of responsibility" form, Mr. Thomas refused to sign the document acknowledging his refusal to attend sick call. (PHS092).
- Mr. Thomas acknowledged receipt of crutches from the medical staff at Easterling 20. on June 15, 2007. (PHS093).

- 21. Mr. Thomas was evaluated by the medical staff on June 20, 2007. (PHS017). The medical staff noted that during the June 20, 2007, sick call, Mr. Thomas walked through the health care unit without any assistance, was able to stand and walk with a slow, steady gait and demonstrated some reduced range of motion. (PHS017). However, during the June 20, 2007, sick call, Mr. Thomas's focus primarily on his request for certain exceptions to existing facility protocols which are known as "profiles." (PHS017). On June 20, 2007, Mr. Thomas was referred to me for further evaluation. (PHS017).
- 22. Mr. Thomas was examined by a member of the medical staff on June 22, 2007, and admitted that he had refused an appointment with me. (PHS015, PHS091). On June 25, 2007, Mr. Thomas was moved to the infirmary at my direction for observation and to ensure that he received any assistance necessary from the medical staff at Easterling. (PHS004). Though Mr. Thomas complained of continued lower back pain and left leg pain during a June 25, 2007, examination, the examination by a member of the medical staff did not reveal any specific causes of his lower back pain. (PHS015). Mr. Thomas later received a prescription for 400 mg of Motrin two times a day on June 26, 2007. (PHS004).
- 23. When examined by the medical staff on June 26, 2007, Mr. Thomas complained of continuing lower back pain and, when asked when his back pain began, he stated that he "just woke up one day with back pain." (PHS011). At the conclusion of the June 26, 2007, examination, Mr. Thomas was instructed to continue his medication regiment as ordered by me. (PHS011, PHS053).
- 24. On June 28, 2007, I examined Mr. Thomas and noted that Mr. Thomas was utilizing a crutch and favoring his left side. (PHS010). During the June 28, 2007, examination, Mr. Thomas was able to bend over and touch his toes though he persistently protected his left

side. (PHS010). His medical records clearly recite that during the June 28, 2007, examination, Mr. Thomas complained of lower back pain, but did not show any tenderness in his sciatic notch or any type of muscle spasms which would indicate any specific cause for his back pain. At the conclusion of the June 28, 2007, examination, I noted that there was no objective way to determine if the pain complained of by Mr. Thomas was "really that intense or a true problem/complaint." (PHS010). Following the June 28, 2007, examination, we made minor changes to Mr. Thomas's medication regiments. (PHS010).

- 25. After evaluating Mr. Thomas on June 28, 2007, I discontinued Mr. Thomas's prescription for Motrin and Flexeril and ordered Mr. Thomas to take Naprosyn and Robaxin. (PHS003). All of these medications are commonly prescribed for individuals with recurrent or significant muscular discomfort or pain. Naprosyn, also known as Naproxen, is a form of ibuprofen which is commonly used for muscular pain. Robaxin, like Flexeril is a muscle relaxer, which is commonly prescribed for those individuals who suffer from any sort of chronic muscular pain. I also ordered Mr. Thomas to be housed in the infirmary for a period of approximately four days, be allowed to utilize crutches for approximately a week and remain in bed to the extent possible except for the occasions when he needed to leave his bed for medication administration and meals. (PHS003).
- 26. I entered orders for Mr. Thomas to receive Tylenol immediately in addition to his other medications on June 30, 2007 and July 1, 2007. (PHS003, PHS054).
- 27. I examined Mr. Thomas on July 2, 2007 noting some tenderness Mr. Thomas's lower spine, but also noting that the x-ray of Mr. Thomas's lower spine was negative. (PHS008). During this examination, I provided him with a prescription for crutches for one week, Tylenol three times a day for two weeks and the muscle relaxer, Flexeril, three times a day for two

weeks. (PHS002). I also ordered Mr. Thomas to undergo another x-ray of his lower spine as well as his left and right hips, which also failed to reveal any abnormalities, trauma or other injury or complications with regard to Mr. Thomas's lower back. (PHS002-PHS003). Mr. Thomas signed a "receipt of medical equipment/appliance form" on July 2, 2007, acknowledging his receipt of crutches. (PHS089 and 90).

- 28. An x-ray was taken of Mr. Thomas's lumbar spine on July 2, 2007. (PHS073). Though the July 2, 2007, x-ray revealed "slight scoliosis" of Mr. Thomas's spine, the radiologist reviewing the x-ray results determined that there was no "disk space narrowing" or "evidence of recent fracture or other significant bony abnormality." (PHS073). Based upon the findings of this x-ray, it remains possible that Mr. Thomas eschewed the results of this x-ray by bending in a particular direction or not have appropriate posture during the x-ray.
- 29. Based upon the numerous examinations of Mr. Thomas, the various diagnostic and imaging testing completed regarding his complaints of back pain, I remain confident that his back pain is muscular in origin. My examinations of Mr. Thomas have not revealed any skeletal or neurological problems which would indicate that his back pain is caused by a malformation or disease of his spine. At present, the only objective medical findings available to us constitute Mr. Thomas's x-ray results. These x-ray results have been persistently normal, though the most recent results indicate some "slight" scoliosis which would not result in the type of pain described by Mr. Thomas. In the field of medicine, there is no objective way to test a patient to confirm that he or she is experiencing pain. In certain instances, extreme pain can be confirmed through tests such as blood pressure tests, but the evaluations of Mr. Thomas have not shown an fluctuation of his vital signs which would indicate that he is in any degree of traumatic or significant pain to such a degree. Ultimately, a physician is required to rely upon a patient in

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many instances to accurately describe pain and discomfort and is without any ability to confirm a patient's subjective descriptions of pain.

diagnostic or imaging tests which would be beneficial to Mr. Thomas at this time. Likewise, I am not aware of any additional medical treatment of any kind that may be provided by any other physician or specialist which would remedy Mr. Thomas's discomfort. My examinations of him have confirmed my conclusion that his pain is primarily, if not entirely, muscular in nature. I have not denied Mr. Thomas any necessary medical treatment or ignored his complaints to me. I have examined Mr. Thomas on a regular basis and will continue to do so in the future. I have attempted to control his pain through medication and will continue to do so in the future. I am vigilantly attempting to monitor any changes in his condition and, if such changes occur, we will respond in a timely fashion and provide all necessary medical attention and care. Thomas's condition at this time appears to be an instance when future care will depend, in large part, upon the manner in which his condition changes or improves. Given the history of his back pain, it remains possible that his condition will be remedied over time.

Further affiant saith not.

Jean Darboyae, M.D.

SWORN TO and SUBSCRIBED before this the day of August, 2007.

Notary Public

My Commission Expires: 7-//-

(SEAL)

Exhibit "B"

Affidavit of Kay Wilson, RN, H.S.A.

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

AIS NO. 178628, Plaintiff, V. DR. DARBOUZE, NURSE WILSON, AND WARDEN DAVENPORT, Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A. STATE OF ALABAMA)	BARRY RANDALL THOMAS,)
v.) CIVIL ACTION NO. 2:07-cv-00630-MEF-WO DR. DARBOUZE, NURSE WILSON,) AND WARDEN DAVENPORT,) Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A.	AIS NO. 178628,)
v.) CIVIL ACTION NO. 2:07-cv-00630-MEF-WO DR. DARBOUZE, NURSE WILSON,) AND WARDEN DAVENPORT,) Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A.)
v. 2:07-cv-00630-MEF-WO DR. DARBOUZE, NURSE WILSON,) AND WARDEN DAVENPORT,) Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A.	Plaintiff,)
DR. DARBOUZE, NURSE WILSON, AND WARDEN DAVENPORT,) Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A.	v.	\
AND WARDEN DAVENPORT,) Defendants. AFFIDAVIT OF KAY WILSON, R.N., H.S.A.)
Defendants. <u>AFFIDAVIT OF KAY WILSON, R.N., H.S.A.</u>	DR. DARBOUZE, NURSE WILSON,)
AFFIDAVIT OF KAY WILSON, R.N., H.S.A.	AND WARDEN DAVENPORT,)
AFFIDAVIT OF KAY WILSON, R.N., H.S.A.)
	Defendants.	
STATE OF ALABAMA)	AFFIDAVIT OF K	XAY WILSON, R.N., H.S.A.
	STATE OF ALABAMA)	

STATE OF ALABAMA)
)
COUNTY OF BARBOUR)

Before me, the undersigned Notary Public, personally appeared KAY WILSON, R.N., H.S.A., who, after being duly sworn, states as follows:

- 1. My name is Nurse Kay Wilson. I am over the age of nineteen (19) years and have personal knowledge of the information contained in this affidavit.
- 2. I have been a licensed, registered nurse in Alabama since 1985. I hold a Bachelor's Degree in nursing from Troy State University. Since 1985, I have practiced nursing in a variety of positions and settings. In particular, I have worked as a nurse at Easterling Correctional Facility in Clio, Alabama, since March of 2001. Since November 3, 2003, I have been employed as the Health Services Administrator (H.S.A.) for Easterling Correctional Facility ("Easterling") by Prison Health Services, Inc., the company which is currently under contract with the Alabama Department of Corrections to provide medical services to inmates in Alabama.

- 3. I am familiar with Barry Randall Thomas ("Thomas") who has been incarcerated at Easterling.
- 4. As a registered nurse at Easterling, I am not authorized to provide or order prescription medication for any inmate unless authorized to do so by a physician. Likewise, I am not authorized to diagnose any medical condition suffered by Mr. Thomas and, in particular, I am not authorized or qualified to consider his complaints of back pain or identify the cause of his complaints of back pain. Such decisions or conclusions must be made by his attending physician. I have not at any time attempted to diagnose the cause of Mr. Thomas's complaints of back pain.
- 5. When an inmate has a non-emergency medical or health problem and/or complaint, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff at Easterling and/or request medical treatment for this problem. The sick call request process is well-known at Easterling and is utilized by inmates at Easterling on a daily basis. When an inmate first arrives at Easterling, he is taken to the Health Care Unit to be processed into the system and receives an orientation as to the availability of medical services at the facility as well as the procedures for obtaining medical care. During this orientation, the medical staff gives each inmate an information sheet and verbally goes through the sheet with newly-arriving inmates, informing them how to utilize the sick call request form process. Sick call request forms are available in the Health Care Unit at the shift commander's station or may be obtained from the Alabama Department of Corrections ("ADOC") officer in each dorm at Easterling. An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature) and submit the sick

call request form by placing it in a locked box located outside the facility's kitchen (i.e., chow hall). The sick call request forms are removed from the locked box each day and brought to the Health Care Unit. Upon retrieving the sick call request forms, the medical staff compiles a list of inmates having submitted a sick call request form, which is sent to the various dorms at Easterling. Easterling conducts sick call five (5) times per week, Sunday through Friday excluding holidays or unexpected emergencies. Sick call begins at 7:00 p.m. and lasts as long as required to examine all the inmates who report to sick call. Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints at the time they are summoned to the Health Care Unit for sick call. The number of inmates reporting to sick call each day varies between approximately ten (10) and thirty-five (35). The nurse conducting sick call takes reporting inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Easterling. If the inmate fails to report to sick call when summoned, this is often indicated in the sick call request form because it is left blank by the medical staff. If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-threatening, the medical staff will immediately have the inmate brought to the infirmary (located within the Health Care Unit) and the inmate will be examined and treated by a physician.

6. My involvement with the complaints made by Mr. Thomas and the attempts by the medical staff at Easterling to identify the cause of his complaints of back pain have been limited to providing responses to one grievance form completed by Mr. Thomas and received by me in June of 2007. In the grievance form completed by Mr. Thomas, he complained of back pain and requested a wheelchair and an appointment with a specialist. Mr. Thomas also

requested "profiles," which are orders provided by the site physician which allow an inmate to deviate from the standard operating procedures at Easterling. In particular, Mr. Thomas requested a profile from the site physician which ordered him to avoid standing or working and allowed him to use the handicap-accessible shower facility at Easterling. As an RN, I am not authorized to determine whether Mr. Thomas's medical complaints justified the issuance of the profiles he requested. When I received Mr. Thomas's first grievance, I promptly reviewed his file and noted that he had been evaluated by Dr. Darbouze within the last week and that Mr. Thomas had received crutches and a bottom bunk profile from Dr. Darbouze during his last appointment. I also confirmed that Mr. Thomas had recently submitted a sick call request form and was scheduled for evaluation during the upcoming sick call. Given my review of his medical records and the notes from his recent appointment with Dr. Darbouze, it did not appear to me that Mr. Thomas's back pain was a medical emergency at that time or that there was anything additional that I could contribute to the treatment of his back pain, which was not being provided and/or would be provided at the upcoming sick call.

- 7. Approximately 10 days after I received Plaintiff's grievance, the medical staff received a grievance appeal from Mr. Thomas, in which he continued to complain of back pain. I neither received nor reviewed this grievance and was not involved in evaluating the complaints made by Mr. Thomas in this grievance appeal. Another member of the medical staff at Easterling evaluated this grievance appeal, reviewed his medical records and provided a response.
- 8. I have not been responsible for conducting any examination or interview of Mr. Thomas on the occasions he has attended sick call or otherwise appeared in the health care unit

at Easterling seeking medical treatment. Those tasks were assigned to other members of the medical staff at Easterling.

Based upon my understanding of Mr. Thomas's complaints of back pain (both 9. past and present) and the examinations and treatment he has received as of this date, it is evident that Mr. Thomas has received timely and appropriate medical care. I have not at any time ignored any request by Mr. Thomas for medical treatment. I have not deliberately ignored Mr. Thomas's medical complaints or refused to provide Mr. Thomas with any necessary medical treatment. I have not taken any action which has caused Mr. Thomas to experience any unnecessary pain and/or suffering.

Further affiant saith not.

Kay Wilson RW HSA

SWORN TO and SUBSCRIBED before this the 22 day of August, 2007.

Hinds E. Deal

Notary Public

My Commission Expires: 7-11-11

(SEAL)

Exhibit "C"

Affidavit of Beth H. Long with a true and correct copy of pertinent excerpts from Plaintiff's medical records bates labeled PHS001 – PHS133

STATE OF ALABAMA)
Barbour COUNTY }
I, <u>Beth H Long</u> , hereby certify and affirm that I am a <u>Medical Records Clerk</u> , at <u>Easterling Correctional Facility</u> ;
that I am one of the custodians of medical records at this institution; that
the attached documents are true, exact, and correct photocopies of certain
medical records maintained here in the institution medical file of one Barry Randall Thomas, AIS# 178428; and
that I am over the age of twenty-one years and am competent to testify to
the aforesaid documents and matters stated therein.
I further certify and affirm that said documents are maintained in the
usual and ordinary course of business at frison Health Service - ECF;
and that said documents (and the entries therein) were made at, or
reasonably near, the time that by, or from information transmitted by, a
person with knowledge of such acts, events, and transactions referred to
therein are said to have occurred.
This, I do hereby certify and affirm to on this the $\frac{27}{}$ day of
July , 2007
Beth H Long
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE



	INCORPORATED .
	PHYSICIANS' ORDERS
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
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Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Bray	DIAGNOSIS (If Chg'd)
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NAME: Thomas Bally D.O.B. 11/20/lele ALLERGIES: N/CA Use Last Date 7/1/07	DIAGNOSIS (If Chg'd) Tylenol 1 & pornow: I hid X 240 V10 Dr. DRAhouseld. Europa GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Bary 178628	DIAGNOSIS (If Chg'd) Tylinolism i po X I dose non
D.O.B. 1 20,166 ALLERGIES: NO	
Use Fourth Date (0/30/07	GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 1/ 120, 66 ALLERGIES: NEDA HARDEN Use Third Date & 78,07 (A)	DIAGNOSIS (If Chg'd) (B) LAy in K 3 days 14 Egst for mess, Chos. GENERIC SUBSTITUTION IS NOT PERMITTED 7/8/7
NAME: The AS BOWY 178 628 D.O.B. 1/129 66 ALLERGIES: NRA Use Second Date 6 12810 7 178	DHAGNOSIS (If Chg'd) Tre house Us A (b) Cout in infuring until Monday. D I poin of Outely X 7 days - show proper usage GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 1/12/16/28 D.O.B. 1/12/16/28 ALLERGIES: 1/16/28/67	DIAGNOSIS DIC Motion DIC Motion X 30 days DIC Flexent DRO GOVCI 500 BIDXIDAS GENERIC SUBSTITUTION IS NOT PERMITTED



NAME: Thomas Barry 178628	Motin Libro Blo prix X 2 days
D.O.B. 11/20/66 ALLERGIES: N/VA	
_	Floyd/x
Use Last Date 6/26/07	☐ GENERIC SUBSTITUTION IS <u>NOT PERMITTED</u>
BE J8 CJ	Pilago in intermany for observation and assistance as preced &
D.O.B.U DOILELO	1902 until poon by provider.
ALLERGIES: NILDA	observent on pt.
	phone order De mc Ducon Cyphiana
Use Fourth Date 125/07	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: The man Bonny	DIAGNOSIS (If Chg'd) h BP/Myngray
178620 (0)	Cantch x i wish
D.O.B. 1 170 166 ALLERGIES: NEWA	Drichyly to departition
Use Third Date 6/8/67	☐ GENERIC SUBSTITUTION IS NOT PERMITTED.
NAME: Thomas, Barry	DIAGNOSIS (If Chg'd) トルタと
178628 45	BBP X d weeks
D.O.B. 1/190166	Motor 600 mg Ro TID RAN X (Yolay)
ALLERGIES: N/A	Pleseri 10 mg for TID READ X 14 days
NAT O	Bengy mit BID kno x Spy?
Use Second Date 15/07	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barny	DIAGNOSIS
NAME: Thomas, Barny 178628 with	Continue Rosson Revoll not to read's a more for
100,44	mo on le-5-07
D.O.B. 11 20 666 S310	W De Daraine avamoran
ALLERGIES: NOA	A.
Use First Date 5 BO 100	GENERIC SUBSTITUTION IS NOT PERMITTED 3107

60110 (4/03)

MEDICAL RECORDS COP



NAME: Thomas Bonkay	DIAGNOSIS (If Chg'd)
D.O.B. 1 1301 66 ALLERGIES: NIXM	No prolonged standy & 2 week
Use Last Date 1118105	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Chomas Barry &	DIAGNOSIS (If Chg'd)
D.O.B. 11 1201 (OLO ALLERGIES: NXDA	Feldere 20mg & UPM X 14dmy YMY
Use Fourth Date //8/05	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry	DIAGNOSIS (If Chg'd) Consti patria
D.O.B. 10166 noted ALLERGIES: Mrs 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mom noco fo x + + - Interlax it to x + - Interlax it x + - Interlax
NAME TA DOLON BOILD	DIAGNOSIS (If Chg'd)
D.O.B. 1/1066 ALLERGIES: WAR	1894 Roward / Predication
Use Second Date / 1231 04	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Bring	DIAGNOSIS
D.O.B. 11/2016/6 Registration	DC chronic care. Kultunien Lab work - Diag. Profile II - at 8821
Use First Date \$1 \\$10 \	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



NAME: Thomas, Barry	DIAGNOSIS (If Chg'd)
D.O.B. H/20/66 KUESONIE ALLERGIES: NKON	V-0-Dv. Darkarsa Kenstron, PN
Use Last Date 8 / 18/01	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd) Lopid 600mg + Po BID X
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thinks - SAM	DIAGNOSIS (If Chg'd) Lopox 6 am Theo. AID y 90 days
D.O.B. 1/ 120 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dr. Ithorn / & Barrer 1009 STAT 6-24-2009 - 9-24-2009
Use Third Date 6 126 1 2001	GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B.) 120166 SMCTISTON ALLERGIES: KICA	Lopid lawn Tou Blb Xaud Kop
Use Second Date 4/KIDY	GENERIC SUBSTITUTION IS NOT PERMITTED COSTUM CHAS
NAME: romas Barry rated	DIAGNOSIS WART SOLITON & Trumb BID & G WEEKS Drug Portu II 048827, Seed rate
D.O.B. 1 12 166 4/9/64 ALLERGIES: NKOK	metura 3.4 gm m 10 02 liquel po OD
Use First Date 4, 8,4	GENERIC SUBSTITUTION IS NOT PERMITTED

Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 8 of 134

First

Last

Middle Initial

Name	_ AIS #
Date Allergies	Facility
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PHS007



Date/Time	Inmate's Name: Thomas Barn D.O.B.: 11 120 1 66
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60111 (5/85)	Complete Both Sides Before Using Another Sheet



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Date/Time	1:07-cv-00630-MEF-WC Document-20-4—I Inmate's Name:	Filed 08/22/2007 Page 11 of 134 D.O.B. : / /
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60111 (5/85)	Complete Both Sides Before Using Another Sheet		

Date/Time	2:07-cv-00630-MEF-WC Document 20 4 Filed 08/22/2007 Page 13 of 134 Inmate's Name:
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Date/Time	2:07-cv-00630-MEE-WC Document 20-4 Filed 08/22/2007p.o.Page 14/of 134 (o.l.)		
4-6-05	7:07-cv-00630-MEE-WC Document 20-4 Filed 08/22/2007 .o. Bage 14/05/134 66		
750A	Lower ABD Pain / Constipation		
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William.	WH. 180 4810 120/80 P-80 R 18 798		
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Date/Time	Inmate's Name: Mitchell, William. Thomas Bloky D.O.B.: 1/120 1/do	
4/8/W 3 00	wt. 180 120/80 64 16 7978 5C alox paid	
has had This sing 2002 RLQ pain		
	when it happens he gots I appeare radiates + UQ	
	no testo done. Says he felt like he had temp.	
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60111 (5/85)	C: lete Both Sides Before Using Another Sh€	



	PROGRESS NOTES
Dat	te/Time Inmate's Name:
10-6	100.B.: (1/20 1616)
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 -	THE PUNISHED CARE CHIESTERICO S. C.
	mop for coupport clow hip pain iredicating
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00.	
(85)	Complete Both Sides Bad
	Complete Both Sides Before Using Another Sheet



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: BARRY R. THOMAS	Date of Request: 6-17-07	
ID # <u>/78628</u> Date of Bir	th: <u>11/20/66</u> Location: <u>E2-60</u>	4
Nature of problem or request: sciatica for 3	nonths now. Acute, ahronic	pein.
Meds not helping. No larger able to wall	5- using wheelchair borlower	t Tron
HCU since 12st Wednesday. Dr. Darbo prolonged-standing profile. Officers	alkowlodge need for wheel	aheir
protonged - scanaring protine : Office :	Brown Thomas	
	Signature	
DO NOT WRITE BEI	LOW THIS LINE	
Date: (0 / 20/0)		
Time: A IO AM PM	RECEIVED	
Allergies:	Date: 10-20-5	
	Time: W W Receiving Nurse Intials	
	Receiving reason means	
(S)ubjective: See Net tool dated	le 2010 Jenoru	
	Cwigu	
(O)bjective (V/S): T: P:	.a R: BP:	WT:
(0)5jeenie (1.0)		
(A)ssessment:		
V 12	S	
$\lambda = \lambda$	my Thomas	e.
-		
(P)lan:	•	
	Notice to Clinic	DDN
Refer to: MD/PA Mental Health Dental D CIRCLE		rkin
Check One: ROUTINE (a) EMERGENCY		;·
If Emergency was PHS supervisor notified	l: Yes () No ()	1
Was MD/PA on call notified	: Yes () No ()	
(2)	IGNATURE AND TITLE	
	GIMI ORD MID III DD	
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NU	RSE INITIALS RECEIPT	-
	NOL INTIMES RECEIFT	•
GLF-1002 (1/4)	·	

Case 2:07-cv-00630-MEF-WC Nursely revaluation Tobiled 08/22/2007 Page 18 of 134

Facility: Alabama Department of Corrections	
Patient Name: Thomas, Bary	
Inmate Number: 1786 38 Last Date of Birth: 11 120 106	
Date of Report: U 120 1 00 Time Scen: 210 AM / M Circle One	
Subjective: Chief Complaint(s): 1 clive octatica. for three montus no. The meds not	
Onset: X3months helping." PNew onset Chronic condition exacerbation CD for	∽£-
Pain Scale: (1-10) 10 Type: A Sharp 10 Dull 10 Intermittent 12 Constant Numbness: 10 No 12 Yes	L)
Location of Pain: O D Dack Radiation of pain: O No D Yes to: 10 D leg	·
History:	
(Continue on back if necessary)	
☐ Check Here if additional notes on be	rck .
Associated symptoms: Pain on urination? Who I Yes Nausea Tho I Yes Vomiting Tho I Yes (x Who I 15 th Sport of Table 14 P: 80 RR: 18 B/P: 178 Pack Form: I Translated Times and the state of the state	_1
paya exam. In femerio rough in contribution in muscle spasms in impared range of motion	
Additional Findings: Numbness Tingling Abnormal gait Weakness of extremities Foot drop Other: Elaborate positive findings:	
ciaborate postuve findings:	_
Lower extremities: De Normal Describe): Oneck Hore if editional notes on back Pedal pulses: Describe Describe	<u>-</u>
	1
Configue on back if nocessary)	gou
Gait. ANOX3 Rept lase. Skin warm & dry to tench. Regnest profit	20
Assessment: (Referral Status) Preliminary Determination(s):	
Referral Required due to the following: (Check all that apply)	
□ Loss of sensation □ Presence of RBCs from dipstick □ Recurrent Complaint (More than 2 visits for the same complaint) □ Prior malignancy □ Presence of WBCs from dipstick □ Other: 10 00 00 00 00 00 00 00 00 00 00 00 00	١.
· · · · · · · · · · · · · · · · · · ·	_
Plan:	
Check All That Apply: Work and recreation restrictions x 72 hours Discretized on avoiding back pain Discretized about stretching and back exercises. This tructions to return if condition worsens.	
DEducation: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do a well as appropriate follow-up. DYES NO (If NO then schedule patient for appropriate follow-up visits)	as
(Describe)	_
LL COOLOHDIESS (ACHTE INITY) 1 1 VVarm Compress	
☐ Cold Compress (Acute injury) ☐ Warm Compress ☐ OTC Medications given (Motin 400 or Tylenol 650 Bid pm x 2 days) ☐ NO ☑ YES (If Yes List): Refresed Du note	
□ OTC Medications given (Motrin 400 or Tylenol 650 Bid pm x 2 days) □ NO □ YES (If Yes List): Refused by pt	. .
OTC Medications given (Motin 400 or Tylenol 650 Bid pm x 2 days) ONO LaryES (If Yes List): Refused by pt	



Print Name: BARRY R. TH ID # 178628 Nature of problem or request: ce and left les. Meds not and chous without bo	Date of Birth	from scient of the scient of t	ocation: E2	werback
DO NO	OT WRITE BELO		Signature	
Date:// Time: AM PM Allergies:		RECE Date: Time: Receiving Nurs		
(S)ubjective:	•			
5	ee wareful	7 45 30 P	m	
(O)bjective (V/S): T:	<u>P:</u>	R:	BP:	<u>WT:</u>
(A)ssessment:		·		
(P)lan:				·
	~ ;			
Refer to: MD/PA Mental Head Check One: ROUTINE () If Emergency was PHS su Was MD/PA	CIRCLE ON EMERGENCY (NE) Yes () No	()	nic PRN
	SIG	NATURE AND	TITLE	
WHITE: INMATES MEDICAL YELLOW: INMATE RETAINS C		E INITIALS RE	CEIPT	
GLF-1002 (1/4)				



(A) seesment: (P) lan: (B) leg. fain medication is mustle relaxers not alleviating symptoms. Barry Thomas Signature DO NOT WRITE BELOW THIS LINE RECEIVED Date: Time: Receiving Nurse Initials (S) ubjective: (O) bjective (V/S): T: P: R: BP: WT: (A) seesment: (P) lan: CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No () SIGNATURE AND TITLE WHITE: INMATES MEDICAL FILE	ID # <u>178628</u> Date of Bi Nature of problem or request: <u>3ciatica – bw</u>	irth: 11/20/66 Location: <u>E2-6A</u>
Barry Thomas Signature DO NOT WRITE BELOW THIS LINE Pate: 5/30/07 Time: 540 AM PM Allergies: Time: Receiving Nurse Intials (S)ubjective: See Net took dated 5/30/07 (O)bjective (V/S): I: P: R: BP: WT: (A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	(4) leg. Pain medication & muscle relax	ers not alleviating symptoms.
Date: 5_30_07 Time:	Request to see doctor again.	
Date: 5_30_07 Time:		Burn K. Thomas
Date: 6_30_0 Time:		Signature
Time:	DO NOT WRITE BE	CLOW THIS LINE
See Net took dated 5-30-07 (O)bjective (V/S): T: P: R: BP: WT: (A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	Time: <u>540</u> AM PM	Date:
See Net took dated 5-30-07 (O)bjective (V/S): T: P: R: BP: WT: (A)ssessment: (P)lan: Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	(S)ubjective	
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	Check One: ROUTINE () EMERGENCY If Emergency was PHS supervisor notifie	() d: Yes() No()
		IGNATURE AND TITLE
TILLIE. INTERIESTEDICIES IND		•

Facility: Alabama Department of Corrections	
Patient Name: Thomas, Barry	
Inmate Number 17862 Cast	First
Date of Reports 5 120 100	Date of Birth: 1 120 CC
now DD Trir	ne Seen: 540 AM (PM Circle One
Subjective: Chief Complaint(s): " I have ociotica. Onset: X 3 months and ordination of a second of the second of	Rover Once with with sai
Onset: X 3 Months Madiating down Pain Scale: (110) 10	Mi Polit Pag " Danier
Pain Scale: (1-10) D Type: D Sharp D Type: D S	
	mittent Deconstant Numbness: ONo Des inter
Location of Pain: D half Radiation of pain: DI History: Regress to see m.T.	No let resto: (E) leg +to (L) heel
History: Request to see m.D. (Continue on back if necessary)	
Associated symptoms: Pain on urination? HNo U Yes Nause Increased urination? TNo U Yes Pain w	☐ Check Here if additional notes on back
Objective: Vital Signs: (If Indicated) T: 980 p: 68 Back Exam: Tender to touch	ith cough/breathing? No Yes (x)
Objective: Vital Signs: (If Indicated) T: 480 P: 68	RR: 18 BIP: 120 170
Back Exam: It fender to touch	aired range of motion
Elaborate positive findings:	or excitations of Foot drop of Other:
Lower extremities:	☐ Check Here if additional notes on back
Examination: W/m ambulates & down confinue on back it accessary. COLD Sten Warm & dy to told	. Steady goit. Atox3 Rep?
SSESSMent: (Referral Status)	C) Check Here if continued on back
☐ Referral NOT Required Preliminary Deter	mination(s):
Referral Required due to the fall	
Referral Required due to the following: (Check all that apply) Class of sensation Decrease of PRCs from Full 1	
☐ Prior malignancy ☐ Presence of WBCs from dipstick	The Current Complaint (More than 2 visits for the same complaint)
Li Otner:	CI Recurrent Complaint (More than 2 visits for the same complaint)
an: Check All That Aroly: Work and respective	
an: Check All That Apply: Work and recreation restrictions x 72 hours Feducation on avoiding back poin.	
an: Check All That Apply: Work and recreation restrictions x 72 hours Education on avoiding back pain. Education about stretching and back exercises. Education: The patient demonstrates an understanding of the nature of their medical	Extractions to return if condition worsens.
An: Check All That Apply: Work and recreation restrictions x 72 hours Education on avoiding back pain. Education about stretching and back exercises. Well as approprieto followers.	Extractions to return if condition worsens.
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ID # 178628 Date of Nature of problem or request: Sciatica	Birth: 11/20166	Location: <u>E2-</u>	6A
Nature of problem or request: <u>32, a+12a</u>	- 10WET-BOOK P	ain vacuating	COWA
iev leg.			
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	Barry K.	Thomas	
		Signature	
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Refer to: MD/PA Mental Health Dental	Daily Treatment	Return to Clin	ic PRN
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If Emergency was PHS supervisor not	• •	o()	
Was MD/PA on call noti		o ()	
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YELLOW: INMATE RETAINS COPY AFTER	NURSE INITIALS RE	ECEIPT	
GLF-1002 (1/4)		•	



lature of problem or request: Lower-b	e of Birth: 11/20/66 Location: F2-666 back & left log pain - Pressure on
sciatic nerve that has left	me barely able to walk
	Barry K. Thomas
DO NOT WRIT	Signature TE BELOW THIS LINE
Date: <u>5/13/01</u> Time: <u>715</u> AM PM Allergies:	RECEIVED Date: Time: Receiving Nurse Intials
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(P)lan:	
Refer to: MD/PA Mental Health Den CI Check One: ROUTINE () EMERGE If Emergency was PHS supervisor n Was MD/PA on call n	IRCLE ONE ENCY () notified: Yes () No ()
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CLE 1002 (1/4)	•

Document 20-4 Filed 08/22/2007 Nursing Evaluation Tool:

Page 24 of 134

		Tomig Evaluation 1001.	General Sick Call
Faci	lity: Alabama Department of Correction	ns	
. Pati	ent Name: Thomas, Ba	rry	
Inm	te Number: 178 1028 Last	First Date of B	irth: 11 120 106 MI
Date	of Report: 5 113 Di		
	MM DD YYYY	Time Seen:	15 AM PM Circle One
	hief Complaint(s): "My Oclot Onset: X 2 months	ic nerve is bothe	ring me."
Wt-174#	Sp029790RA	7	☐ Check Here if additional notes on back
	tal Signs: (As Indicated) T: 98		
Examination Fine	ings: Wimambulates	t even, steady	gait. Atox3 Rom?
Carre Sk	in warm + dry to to	ouch clo dull a	Chira orin to al tour
radiatin	down Oleg to O	ankle. States 8/10	on painscale, Denies
injuny.	D'Enderness to touc	in noted to (D) I to	ack. (2) I Rom noted.
Pedal or	Use present + strong	1 Nacita dista	ace. (1) at rott noted.
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	(Neterral Status) Preliminar Ital NOT REQUIRED	ry Determination(s):	<u> </u>
□ Refe	rral <u>REQUIRED</u> due to the followin	10° (Chack all that annia)	
;	If Recurrent Complaint (More than 2 visits for the	he same complaint)	
ل ٔ	2-other. to be evaluat	rd by MD	
			
Comment	You should contact a physician and/or a num ate care to be given.	sing supervisor if you have any concern	ns about the status of the patient or are unsure of
an: Check All Ti	nat Apply: ons to return if condition worsens	OFFIG OF the material of the	
⊔ Omer		*	
OTC Medications	Describe) piven 🚨 NO 🔎 YES (If Yes List):	notrin 400ms on RTA	PRN x Sdayp vo Dr Danbrugglainum
Referral: 🗆 NO	DYES (If Yes, Whom/Where):	Dr. Tarburg	,
Referral Type: 🖂	Routine ☐ Urgent ☐ Emergent (if emer	ment who was sentents to	Date for referral; 5 / 14 / 67
0,00	(180° D.)		Time
	2011/3° (1 1 1 1 1	ne: <u>CNambles Pin</u>	



6 ympton	Print Name: BARRY R. THOMAS Date of Request: 3/02/07 ID # 178628 Date of Birth: 11/20/66 Location: E2-66b Nature of problem or request: Continued acute & low-book pain ordisting down Dleg, affectly to walk normally. Insomnia & spasms due to pain. Previous treatment did not relied to Could you try different treatment? Since X-roy exam revealed no abnormalities, could do a more sensitive exam- (Tor MRI? Continuous problem since 11/05. Barres Thomas
	Signature
	DO NOT WRITE BELOW THIS LINE
	Date: 5 / 5 / 0 (Time: AM PM Allergies: Date: Time: Receiving Nurse Intials
	(S)ubjective: W() (S)ubjective:
	(O)bjective (V/S): <u>T:</u> <u>P:</u> <u>R:</u> <u>BP:</u> <u>WT:</u>
	(A)ssessment:
	(P)lan:
	Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No() Was MD/PA on call notified: Yes() No()
	SIGNATURE AND TITLE
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	GLF-1002 (1/4)



Print Name: BARRY R. THO MAS	Date of Reque	st: <u>////3/05</u>	
	of Birth: <u>[1/20/66</u>]		
Nature of problem or request: Jouves-bac	k and lett hip	pain - feels	_like_
scietic nerve is penched			
			
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		·	
Facility: Tromas Be Easterly	γ		
Patient Name: Thomas Boyv Inmate Number: 178628	First		
Inmate Number: 118628	Date of Birth:		a.
Date of Report:II	Time Seen:	MM DD YYYY AM / PM Circle C)ne
Subjective Chief Complainter QC at Octob	<u>,</u>		
Subjective: Chief Complaint(s): Back pair	,		
Inset: Gay '' Chronic condition exacel	rbation		···
Pain Scale: (1-10) 7 Type: A Sharp	Dull 🖸 Intermittent 💆 Const	ant Numbness: 🗅	No Pres
Pain Scale: (1-10) 7 Type: A Sharp C Location of Pain: Neck/mid-back/lowback/	on of pain: 🖸 No 🎾 Yes to: _	(C) US to (C)	100f
History: " My longer , I ack in V	Levelini in a	to ation to	<i>0</i> 001
History: My longer back to V (Continue on back if necessary) (Continue on back if necessary)	2110-2 · A)110	b am Jacob	110000
E-torre	adun 19am	Check Here i	f additional notes on back
Associated symptoms:Pain on urination? Increased urination?	Yes Nausea 2 No D	Yes Vomiting □ No □	
		ng? LINO LI Yes	
Dbjective: Vital Signs: (If Indicated) T: P: P: Back Exam: ☐ Tender to touch ☐ Contusion ☐ Muscle sp	RR: Umpaired range of m	B/P: / 100	1 80
Additional Findings: Numbness - Tingling Abnormal gain	t Weakness of extremities	☐ Foot drop ☐ Other:	
Elaborate positive findings:			
Lower extremities: Normal Abnormal (Descripedal pulses: Present Absent	ibe):	☐ Check Here if additional not	es on back
B Additional Examination: Viole M Continue on back if necessary) Wywies	junies Noted	ft dentes	any_
ccacemant: (Poformal Status)			continued on back
Referral NOT Required	liminary Determination(s)	•	
Referral Required due to the following: (Check Loss of sensation of % Presence of RBCs Prior malignancy Other:	from dipstick - Recurrent C	Complaint (More than 2 visits for	the same complaint)
an:			
Check All That Apply: Work and recreation restrictions x 72 hours)	9	
☐ Education on avoiding back pain ☐ Education about stretching a ☐ Education: The patient demonstrates an understanding of the nature.	ure of their medical condition and	instructions regarding what	rsens. I thev should do as v
as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule p☐ Other:	atient for appropriate follow-up vi	sits)	,
(Describe)			
☐ Cold Compress (Acute injury) ☐ Warm Compress			
OTC Medications given ONO DYES (If Yes List): Ty	lenol Igm	po bid x 5	days
Referral: O NO AYES (If Yes, Whom/Where): Da	00000	Date for referral:/	18/05
Referral Type Troutine Urgent D Emergent (if emergent w		мм Tin	DD YYYY
2No. 200 - 2	07		
OWREGO Name:	COarcia OV		



	e of Birth: 11-20-66 Location: 8B-131
Nature of problem or request: <u>CONSTI</u>	PATION Since THURSDAY the 31 st.
	Barry K. I homas
DO NOT WRI	Signature TE BELOW THIS LINE
- 1/ 1/ 1/	
Date: 4 / 7 / 15	DECEIVED
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Allergies: MKDA	Date: APR - 4 2005 Time:
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and they Said they charged	diverticulities Had the before
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If Emergency was PHS supervisor Was MD/PA on call	
was MD/PA on call	notified: Yes () No ()
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YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name: BARRY R. THOMAS	Date of Request: APRIL 3, 2004
ID# 178628	Date of Birth: 11-20-66 Location: 9B-71
Nature of problem or request: <u>SEV</u>	ERF ABOMINAL PAIN (LOWER RIGHT), FEELS
LIKE APPENDICITIS. WAS	TREATED FOR SAME SYMPTOMS IN OCTOBER
ACCE AT VICE	
	Barry K. Thomas
no More	Signature
DO NOT	WRITE BELOW THIS LINE
Date: 4/10	
Time: $\frac{O(3)}{AVOA}$ AM (PM)	RECEIVED Date:
Allergies: NKDH	II = ··· ·
W+ 172 BIPIZO/DPLOI R20TO	Receiving Nurse Intials
	ing poin in my abdoner alored. I Side it oriented x3 Slun warm alored et unlabored. Ich. Responsen et unlabored. I side of abdoner. Bowel sounds nondustended. Denies constipation ng or redness to RSide.
(S)ubjective: (1 W naw)	ing pour in Try andoner
mostly in my lover	BSide." 1 1/2 Shanunin
Wim +8 HCII	a lest et oriented x3 5100 rocker
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(A)ssessment: NO SWILLI	ng on redners to estate.
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Refer to MD	some following a soft
Refer to: MD/PA Mental Health	Dental Daily Treatment Return to Clinic PRN
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JB1304	INFIRMARY NURSIN	G PROG	KESS I	NOTES		
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Tho	ncy Born	(*)	666	11066	Cum	casi

PHS-MD-70049

Complete Both Sides Before Using Another Sheet

Case 2:07-cv-00630-MEN-W Ph Games 20-4 I I I is 08/22/2007 Page 31 of 134 Health Services Request Fo.m Date of Request 4-9-63Date of Birth 1/-20-66 Housing Loc. 9A-Nature of problem or request ABCESS ON UDER MONDAY 7TH. AND HE SAID "IT ISN'T READY," THENTOLD A NURSE "I'LL SEE I MEVER GOT AN APPOINTMENT THOUGH Sign here for consent to be treated by health staff for the condition described above. Place this slip in Medical Box or designated area DO NOT WRITE BELOW THIS LINE APR 1 0 2003 Health Care Documentation Subjective: Objective: BP Assessment: Plan: Mental Health Refer to: PA/ Physician Dental

Title

Time

Date

Education:

Protocol used: (specify)
Signature

Case 2:07-cv-00630-MEF-WC Documba Physician's PROGRESS NOTES Page 32 of 134

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
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VC007	1	PHYSICIAN'S PROGRESS NOTES
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NAPHCARE

. HYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN	
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VC007	<u>~1 U 1 </u>	PHYSICIAN'S PROGRESS NOTES	

Case 2:07-cv-00630-MEF-WC Document 2011n (Filed 08/22/2007 Page 34 of 134
Health Services Request Form Date of Request 4-6-03 AS No. 178628 Date of Birth 11-20-66 Housing Loc. 9A-55 Nature of problem or request AN APPARENT SPIDER BITE ON UPPER-LEFT THIGH—APPEARS TO BE INFECTED.
Sign here for consent to be treated by health staff for the condition described above. Bound. Thomas
Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE
Health Care Documentation Subjective: "I noticed this late on my Dupper thigh about a wk. ago. But, it didn't skart looking red + hurting until friday of last wk my (eg is down to vary knee red." Objective: BP 20 80 P 80 R 20 T 986 WT 168 W/M Embulates to HCU. in no apparent distress. Desp. reg. to ease. Skin who to touch on D upper thigh appears a late. Pedness thandness around thigh appears a late. Pedness thandness around area. Redness down by almost to knew. area is all not to Kouch. Assessment: Potential for alteration in constant skin integrite. Plan: See MD today for evaluation.
Refer to: PA/Physician Mental Health Dental Education: Explained to If M to verture to techny 8:30 sm. for mo appt Verbalized understanding.
Protocol used: (specify) N(A Signature KUUSW Title RN Time 7 45 Date H(1103

NAPHCARE NURSE'S NOTES

DATE	TIME		W	
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NC-006

NURSES NOTES

Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 36 of 134 NAPHCARE HEALTH SERVICES REQUEST FORM

Print Name: BARRU 14000AS Date of Request: 10-19-02 D#: 178628 Date of Right: 11-26
D#: 178628 Date of Birth: 11-26 Housing Location: 1015-3915
Nature of problem or request: ABDOMINAL PAIN
Sign here for a
Sign here for consent to be treated by health staff for the condition described
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
DO NOT WRITE BELOW THIS AREA
Subjective: My CHEALTH CARE DOCUMENTATION
moved!" Towels have steen not
Objective: BP 130/80 P 62
amb to Hear.
abd Pain. "I pust cant mode
my Sowel" () has can't mode
no Voniting. Thurs Passed a supp.
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Assessment:
Plan: Placed in information to have privacy the quiet vest voor of the privacy Refer to: _PA/Physician Mental Health _ Dental
I laced in informand to have privacy
of quiet vest voor-
Refer to:PA/Physician/Mental HealthDental
Signature: Title:
NCO40 HEALTIL GUDY
HEALTH SERVICES REQUEST FORM

PHS035

Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 37 of 134 NAPHCARE HEALTH SERVICES REQUEST FORM

Print No.
Print Name: BARRY 1HOMAS Date of Request: 10-14-02
Date of Birth:
Nature of problem or request:
Slovey Thomas
Sign here for consent to be treated by health staff for the condition described
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATION
DO NOT WRITE BELOW THIS AREA
Subjective: I ve CHEALTH GARE DOCUMENTATION for 6-7 days
Objective: BP 130 gr P 88
and to How in Nap. holding Stomach
both side Not distarded No Nor J.
Temp 99.
Assessment: alt in health maintener.
Plan: 10 per MD. MINK & glasser of AZO
encouraged to drink & glasses of Alo
innette education sheet que. verbaleged
Refer to: PA/PhysicianMental HealthDental
Signature: Date: 10-14-07 700
NCO40 HEALTH SERVICES REQUEST FORM

Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 38 of 134

1EALTH STATUS	
Transferring	Name he Macs, Doorty
Facility: KILBY	AIS
Date: 5-10-02	Age Date of Birth 1 206 6
Time 9p	Race Sex //
Allergies ///CA	
Food Handler Approved Y N	
Current Acute Conditions/Problems:	
Chronic Conditions/ Problems:	
The state of the s	
Current Medications- Name, Dosage, Frequency	Duration:
Acute short term medications	
Chronic Long Term Medications 2	
Charles David	7
Chronic Psychotropic Medications	
Current Treatments:	
Follow up care Needed	
Last PPD 3-15-01 Results mms I	Last Physical 1/57 0 /
Chronic Clinics	
Specialty Referals Significant Medical History Micron	
Significant Medical History Misson	4/A
Physical Disabilities/Limitations	
Assistive Devices/Prosthetics	Glasses // Contacts //
Mental Health History/Concerns	Glasses Contacts Contacts
Substance abuse Y/N Alcohol Y/N	
	Drugs Y/N Signature/Title/Date
Hx Psychotropic Medication	Out the
Previous Psychiatric Hospitalizati	ons Sollan to 7/0
, and the second	
Transfer Reception Screening	P Disposition (Instructions: Check or
Date 1/1/07 Time (C) (a) (pm)	circle as appropriate)
S: Current complaint Needs annual	Routine sick call Instructions given
Phys Elan	varanta van van maadaqona givon
Current medications/Treatments	Emergency referral
_ www.	HIV/TB Instructions given
	Physician referral
O Physical Appearance/Behavior + 0+00	Urgent / Routine
CO TOPPENANCE TOPPO	Medication Evaluation
Beformities: Acute/Chronic NONE,	Work/Program Limitation
004	Special Housing
46 P 46 R 30 B/P 120190#1177	Specialty ReferralsShecialty Referrals
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	OTHER
0 0	Infirmary Placement
Receiving Facility:	
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Receiving Facility:	Infirmary Placement

INTRASYSTEM TRANSFER FORM

HEALTH STATUS		,
Transferring Facility ()	Name 7/2000 AIS 778628	12 Barry
Date: 4-16-02	Age 35 Dat	e of Birth 11-20-66
Time 2 4 30	Race_ W	Sex /2
Allergies		
Food Handler Approved (V) N	and the first of the first field field from construction () and () a	and the second s
		and the state of t
Current Acute Conditions/Problems:	, , , , , , , , , , , , , , , , , , , ,	L
Chronic Conditions/ Problems: Burseland	mainde/	migranie Leadache
Current Medications- Name, Dosage, Frequency	/ Durotion:	
Acute short term medications	r, Duiduvii.	
Chronic Long Term Medications		
Chronia Dayobotopole Madicalia	/	
Chronic Psychotropic Medications		
Current Treatments:		
Follow up care Needed (a) needed		
Last PPD_3~/5~0/ Results / mms	Last Physica[중년	210/MR 3/15/01
Chronic Clinics/		793
Specialty ReferalsSignificant Medical History		
organicant (viculati) hately		
Physical Disabilities/Limitations_		
Assistive Devices/Prosthetics	Glasses	Contacts
Mental Health History/Concerns		
Substance abuse Y/N Alcohol Y/N	D= V/N(
Hx Suicide Attempt Date /	Drugs Y/N	Signature/Title/Date
Hx Psychotropic Medication		Malmars
Previous Psychiatric Hospitalizat	tions	100000 111
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Transfer Reception Screening	P Disposition	on (Instructions: Check or
Date_/_/ Timeam pm		s appropriate)
S: Current complaint	, 	_Routine sick call Instructions given
Current medications/Treatments		
Odrient medicalons freathers		_ Emergency referral
		HIV/TB Instructions given Physician referral
	Urgent / Routi	
O Physical Appearance/Behavior	#1.9511C7 1.4541	Medication Evaluation
		Work/Program Limitation
Deformities: Acute/Chronic	·	Special Housing
T D D D D		Specialty Referrals
TPRB/P	•	_ Chronic Clinics
A		Mental Health
		_ OTHER _ Infirmary Placement
Receiving Facility:	Cioredana (Tit)	_ nannasy riacement
A COSTAINED I COUNTY.	Signature/ Title:	·
NC 071		

PHS038

IN RASYSTEM TRANSFER FOR. **HEALTH STATUS** Name: Thomas. Transferring Facility: **KILBY** Number: 178628 Race: B W H Other Date: 3/7/02 Date of Birth: 11/20/66 Sex:(M) F Age: _____ Time: _ AM PM Allergies: N/Z/ Food Handler Approved: Y/N Current Acute Conditions/Problems: Chronic Conditions/ Problems: ______ Current Medications - Name, Dosage, Frequency, Duration: Acute Short-term Medications: Chronic Long-term Medications: Chronic Psychotropic Medications: _______ Current Treatments: Follow-up Care Needed: Last PPD: 3-15-0 Results 8 mms Last Physical: 3 / 150 Chronic Clinics: ______ Specialty Referrals: Significant Medical History: Mughane HIA Physical Disabilities/Limitations: Assistive Devices/Prosthetics: ______ Contacts: Glasses: Mental Health History/Concerns: Substance Abuse: Y/N Alcohol: Y/N Drugs: Y/N _____ Hx Suicide Attempt: Date: / / — Hx Psychotropic Medication Previous Psychiatric Hospitalizations TRANSFER RECEPTION SCREENING Receiving Date: 3 /8 /62 Time: 3 AM PM Facility: P: Disposition: (Instructions: Check or circle as appropriate) S: Current Complaint: NOte Routine, Sick Call Instructions Given Current Medications/Treatment: 109he **Emergency Referral** HIV/TB Instruction Given Physician Referral: Urgent / Routine O: Physical Appearance/Behavior- 1016 Medication Evaluation Work/Program Limitation Special Housing Specialty Referrals Chronic Clinics Deformities: Acute/Chronic: 1906 Mental Health OTHER 16 P S9 R 20 B/P/20/SU Infirmary Placement

Document 20-4

Filed 08/22/2007 Page 40 of 134

Case 2:07-cv-00630-MEF-WC

NAPHCARE

HEALTH SERVICES REQUEST FORM

Print Name: BARRY R. THOMAS Date of Request: JULY 15, 2002
ID#: 179628 Date of Birth: 11-20-66 Housing Location: 10B - 39B
Nature of problem or request: NECTED TOE — BEGAN WITH ENGROWN
WAIL; WARM SALTY WATER AND AUTIBIOTIC OINTMENT APPLIED
DAILY FOR THREE WEEKS, ONLY FOR SWELLING AND REDNESS
TO WORSEN. WOULD NOT BOTHER YOU IF UNITED SARY
Barry R. Thomas
Sign here for consent to be treated by health staff for the condition described
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
大方者未未未在大方式有未未大方式或未在未在大方式未在大方式或大方式或大方式或大方式或大方式或大方式或大方式或大方式或大方式或大方式或
Subjective: Thought frealth care documentation of Joenail - removed if best now to worse"
FITZ-Objective: BP $\frac{120/80}{90}$ P $\frac{96}{8}$ R $\frac{20}{70}$ T $\frac{484}{90}$
W/m to HCU & above C/o - assess
of B great toe reveals. Devere reduces, edena, yellowish drawage
reduced adams right original diamage
ouviess, addina, general
Assessment:
alt confort
Plan:
appt. C The.
Refer to: PA/Physician Mental Health Dental
Signature: Date: 1/17/02 Date:
NCO40 HEALTH SERVICES REQUEST FORM
The state of the s

Case 2:07-cv-00630-MEF-WM HDggungenti 20-4 -- Filled 08/2272007 Page 42 of 134

INMATE REQUEST SLIP

Name BARRY R. THOMAS Quarters K-71 Date 9-26-99	
AIS # 178628 () Telephone Call () Custody Change () Personal Problem () Special Visit () Time Sheet () Other	<i>-</i> =
Briefly Outline Your Request - Then Drop In Mail Box DEAR MADAM: I'M WRITING TO REQUEST AN APPOINTMENT WITH DR. CAMPBIELL THIS WELL, HE SUCH MIGHT FIT HIS SCHIEDULE, THANK YOU VIERY MUCH. BANYA. Thomas	_
Do Not Write Below This Line - For Reply Only	<u>=</u>
9/28/89 NO Show for 8/c Moiley	
Approved Denied Pay Phone Collect Call	==
Request Directed To: (Check One) () Warden () Deputy Warden () Captain () Classification Supervisor () Legal Officer - Notary () Record Officer - Public	ce

N176

Print Name: Bacry Thomes Date of Request: 11/2/97
ID #: 178628 Date of Birth: 11/20/66 Housing Location: KCB-19
Nature of problem or request: Problem with dizziness, chest pain. Blood pressure checked high Sat. Nov. 1st. Instructed by nurse Giles to be a sick call Monday, Nov. 3rd.
I consent to be treated by health staff for the condition described.
Signature
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: fair in my chest tleft and from from Just started 3wks ago Objective: BP 17/92 P 100 R 20 T 97.6 Renco clear HR rapid but regular Shir warm dry fronk Assessment: EHG done Plan: See Dr.
Refer to: PA/Physician Mental Health Dental
Signature: Aulose Title: PN Date: Time:

CMS 7166 REV. 10/94

Print Name: Barry R. Thomas Date of Request: 10-27-97
ID #: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19
Nature of problem or request: periodic spells of dizziness shortness of breakness, mild prossure in chest, and nausea for the past ten days. (E.K.G. was done on 10-20-67, 13th
no indication of irregularities; problems persist however) I consent to be treated by health staff for the condition described.
Barry K. Thomas SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEATTH CADE DOCUMENTANTON
Subjective: These from Expension Hightension for Starts rusting, think I'm having conficiety attack
Objective: BP 18 P R P T 990 States Red Ex & last who on 19 july when I had the other segment to review
Assessment:
Plan: Acros of Dr Miles po
Refer to: PA/Physician Mental Health Dental
Dental
Signature: Date: Date: Time: 0830
'MS 7166 PEV 10/04

CORRECTIONAL MEDICAL SERVICES

		INTERDISCIPLINARY PROGRESS NOTES	
Patient Name		Lower Low 178628 Institution	
DATE	TIME	NOTES	SIGNATURE
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11/3	197	87 pb her = 3 WIL Ht light	head wess
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		De Pra Mi Sono	
-	- 31		<u> </u>
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Print Name: Barry R. Thomas
ID #: 178628 Date of Request: 1-1-97 Nature of problem or request: I need an appointment for my vision is processed.
Nature of proble
Nature of problem or request: I need an appointment for an eye exam- my vision is progressively getting poorer and is affecting I consent to be treated.
my work of progressively getting now tor an eye exem-
my work as a pressman in the point shop. I consent to be treated by harts
I consent to be treated by health staff for the condition described. Thank you
to be treated by health staff for the condition described. Thank you
Darrick ~1
PLACE THIS SUID
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP///DP 12 R 20 T 983 Van 20/100 Occ Assessment:
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Assessment:
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Refer to:
Refer to: PA/Physician Mental Health Dental
Signature: Date: Marie: Date: Marie: Date: Marie: Date: Marie: Date: Marie: Date: Da
CMS 7166 REV. 10/94 Title: Date: / 2/47 T: / 9/5
Date:/-// Time:

Print Name: Barry R. Thomas Date of Request: 7/25/96
ID #: 178628 Date of Birth: 11/20/66 Housing Location: KCB-134
Nature of problem or request: Severe ear pain - right ear. Was seen by doctor Wed. 24th; he prescribed drops and antibiotics. However, I need something for pain.
I consent to be treated by health staff for the condition described.
Barry Thomas SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: Somthing for Gain
Objective: BP / AP 72 R 70 T(9, 2) Jeff. Lows in given of Long presently and Contisponing of the play brownsid Assessment: Som Cy DA 1/24/16 Ear Inspection
Assessment: Seen Cy DR 1/24/16 Ear Augestecht
Plan: Desius E DA profeter,
Refer to: PA/Physician Mental Health Dental
Signature: Date: Date: Date: Defection Title: Date: Defection

Print Name: Bassy R. Thomas Date of Request: 7/ 196
ID # 178628 Date of Birth: 11/20/66 Housing Location: 19 - 47
Nature of problem or request: hearing loss in right ear -excessive wax build-up 11 - 97 5000
I consent to be treated by health staff for the condition described.
Bern PK Thomas
Baruff. I homas SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: M. Ear heinting
Objective: BP 90 P 80 R 70 T 980
Assessment:
Plan: Jo See Dry position, or
Refer to: PA/Physician Mental Health Dental
Signature: Date: D
CMS 7166 REV. 10/94

Print Name: Baccy R. Thomas Date of Request: 8/8/96 Housing Location: KCB-134	
Dote of Right ///20/06 Housing Location	
Nature of problem or request: Need eye exam (vision extremely	
poor	
I consent to be treated by health staff for the condition described.	
SIGNATURE	
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA	
HEALTH CARE DOCUMENTATION	
Subjective: Objective: BP P R T Shaddy Assessment:	
Plan:	
Refer to: PA/Physician Mental Health Dental	
Signature: Title: Date: Time:	
2 10 21 C DTV 10 MA	

CMS 7190

Filed 08/22/2007 Page 50 of 134 INTRASYSTEM TRANSFER FORM **HEALTH STATUS** Name: Transferring Facility: Race: B(W)H Other Number: Date: 7/23/96 Date of Birth: 11 / 20/66 Sex(M)F Aae: AM PM Time: Food Handler Approved: Y/N Allergies: _ Current Acute Conditions/Problems: Chronic Conditions/ Problems: Current Medications - Name, Dosage, Frequency, Duration: Acute Short-term Medications: Chronic Long-term Medications: Chronic Psychotropic Medications: Current Treatments: Follow-up Care Needed: __ Last PPD: //~ 28 - 95 Results Last Physical: // 287 Chronic Clinics: Specialty Referrals: Significant Medical History: Physical Disabilities/Limitations: Contacts: __ Assistive Devices/Prosthetics: Glasses: Mental Health History/Concerns: Substance Abuse: () N Alcohol: Y/N Hx Suicide Attempt: Date: ___/__/_ Hx Psychotropic Medication Previous Psychiatric Hospitalizations TRANSFER RECEPTION SCREENING Receiving Facility: Date: 123/96 Time: 8 6 CAM PM P: Disposition: (Instructions: Check or circle as appropriate) S: Current Complaint: Routine, Sick Call Instructions Given Current Medications/Treatment: **Emergency Referral** HIV/TB Instruction Given Physician Referral: Urgent / Routine O: Physical Appearance/Behavior: Medication Evaluation Work/Program Limitation Special Housing Specialty Referrals Chronic Clinics Deformities: Acute/Chronic: __ Mental Health **OTHER** Infirmary Placement

Other:

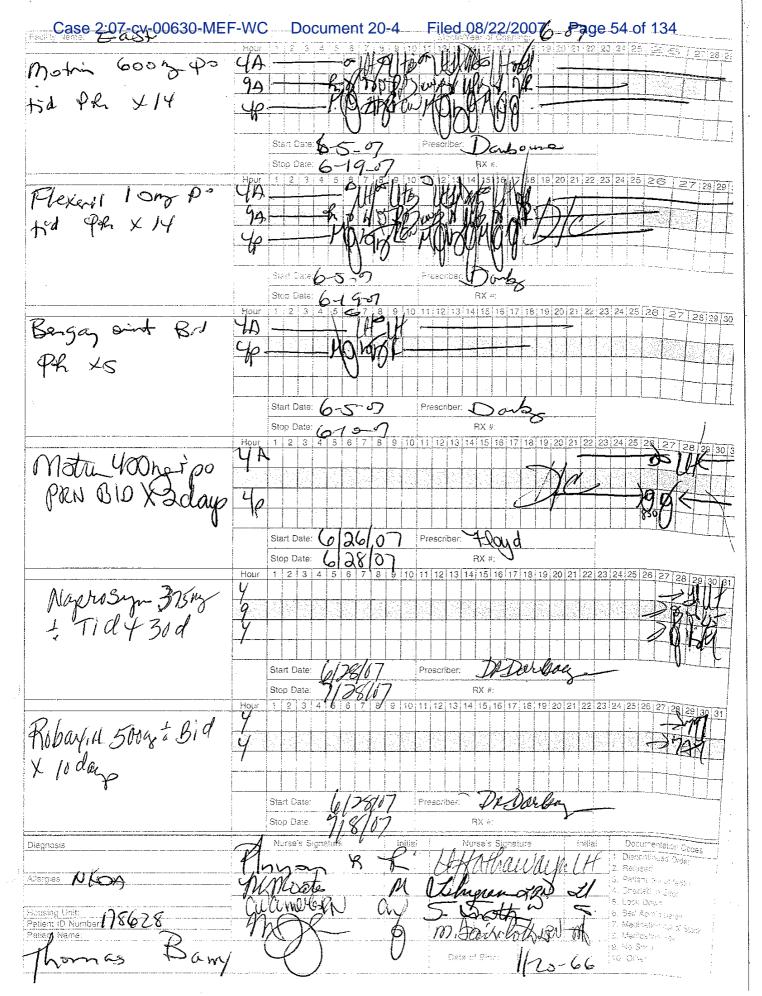
CMS 7166 REV. 10/94

Print Name: Barry R. Thomas Date of Request: 7/18/96
ID #: 178628 Date of Birth: 11/20/66 Housing Location: 22-58
Nature of problem or request: Need eve exam. (Vision has gotten
Nature of problem or request: Need eye exam. (vision has gotten excessively poor recently, especially in left eye, for some reason of which I do not understand
I consent to be treated by health staff for the condition described.
Barry R. Thomas SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
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Plan:
Refer to: PA/Physician Mental Health Dental
Signature: Title: Date: Time:

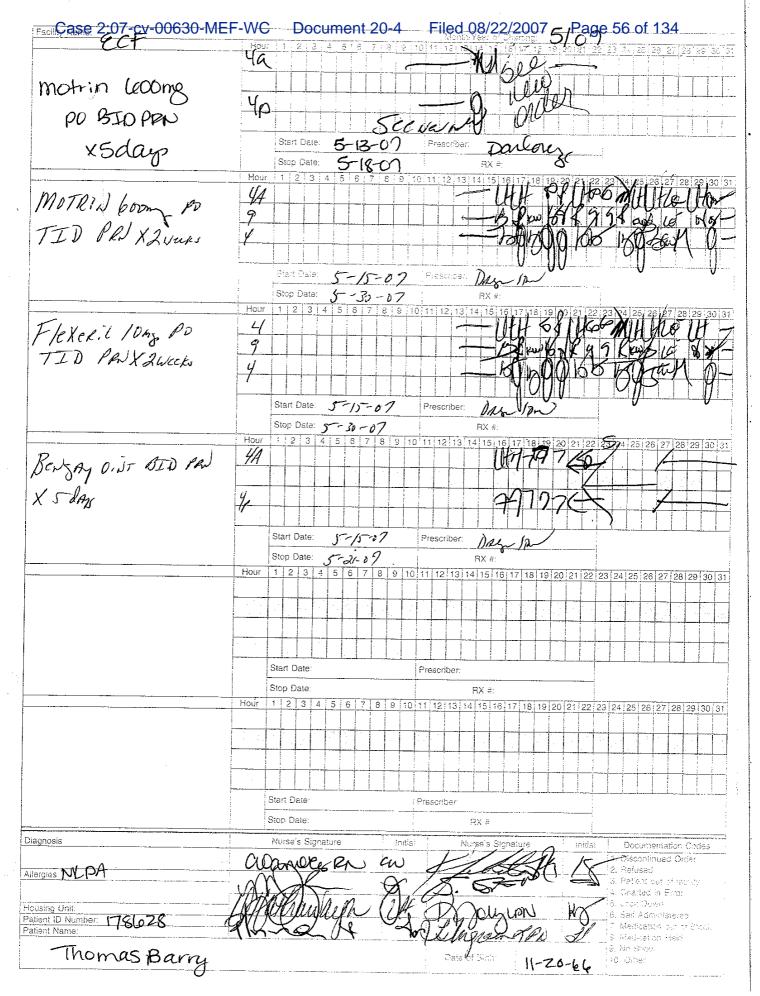
Print No.
- Int Name: ISe
ID #: 178628 Date of Birth: 11-20-66 Housing Location: 22-40
Nature of Date of Birth: 1/-20
Housing Location: 22
Tower back for
past three
I consent to be treated by health staff for the condition described.
by health staff for the condition 1
R described.
PLACE THIS ST. SIGNATURE
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HEALTH CARE DOCUMENTATION
Subjective: Jouer back pain
Jour back pain
Objective: Bp/20/00 p 64 R to T 98/ Whable bend oner for the past three days. Cho Assessment: We bend oner comportably. Resp reg Leven. Skin Plan:
P/O P EX R to T GA
To down chack their
unable to spend for the print there is
Assessment Nich Company of Days . Co
alteration in Confort Plan:
Plan:
MID
Reform
PA/Physician Manual Pa
Refer to: PA/Physician Mental Health Dental
Signature: Signature:
Signature: SPROWN Title: RD Date: 18/26 Time: 23.50
CMS 7166 REV. 10/94 Title: Date: // 8/8/6
Time: 23.50

PATIENT NOTES / PHYSICIAN ORDERS

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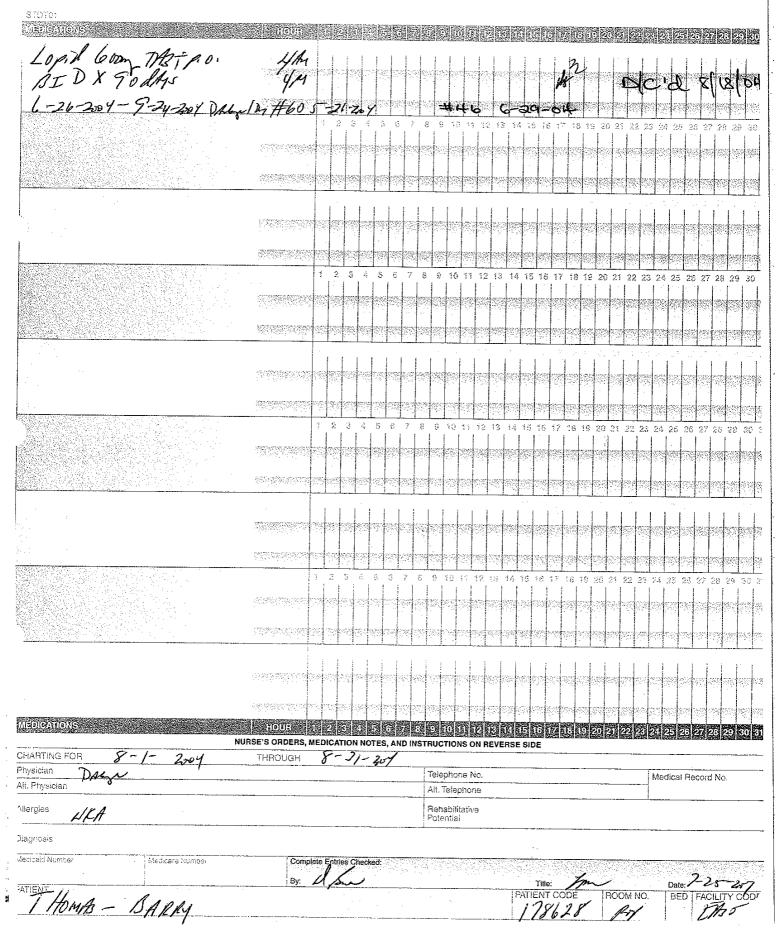
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Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 61 of 134 MEDICATION ADMINISTRATION RECORD

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Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 62 of 134 MEDICATION ADMINISTRAL ON RECORD



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07/01/2004

(EAS-474) EASTERLING CORR. FACILITY

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MEDICATION ADMINISTRATION RECORD

THOMAS EASTED

(EAS-474) EASTERLING CORR. FACILITY 06/01/2004 BIGHTONS ENGINE PSYLLIUM (REGULOID) POW 3.46m IN 10-02 LIQUID BY MOUTH DAILY *KEEP ON PERSONS RX: 5472954 AMDERSON, M.D., VICTORIA, MD START - 04/10/2004 5TGP - 07/08/2004 Kop GENFIBRUZIL (LOFID) 600MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSUN* RX: 5501373 COOLEY, M.P., CICELIA, MP #60 4-26-20) START - 04/17/2004 STOP - 07/15/2004 49-23-869-38-85-95-0 CARPORT 10 19 20 21 22 23 24 25 26 27 26 29 30 0.591,869899,5593 13 13 23 24 25 28 27 28 29 36 3 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE CHARTING FOR THROUGH 06/30/2004 06/01/2004 Physician COOLEY, N. P. , CICELIA Medical Record No. Telephone No. Ait. Physician Alt. Telephone NO KNOWN DRUG ALLERGY Rehabilitative Misrgięs Diagnosis Medicald Number Complete Entries Checked: Medicare Number Sala 5-21-201 PATIENT ROOM NO. FACILITY COD

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MEDICATION ADMINISTRATION RECORD

05/01/2004

(EAS-474) EASTERLING CORR. FACILITY

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MEDICATION ADMINISTRATION RECORD

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PATIENT A.C.		By:	4.75	10 to 5		T(5)		<u>ر</u> خ	<u> </u>	J	<u>ب</u>	<u>~</u>	<u>ب</u> ا	7	<u>U</u>	47	P/	TIE	Title NT 0	COL	E .	7. Z.	RC	OM	I NC	5	at B	ED.	FA	CILI	TY C	CODE
Thomas Dane	1		gwi.ii		- 3-37	:	- 104		-c + DV	5.36°	- 1	337,		<i>)</i>		e je		1	NT (6	75	7					L	-/	·		NAPI	- ICAR-

ADMINISTRATION RECORD 0900 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 215 Maalox II tales T10 X 4 A 8 9 10 11 12 13 14 15 16 17 18 19 20 NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE 10-15-03 THROUGH CHARTING FOR Telephone Number Inmate No. Physician Alt. Telephone Alt, Physician Rehabilitativ Allergies Medicaid Number Medicare Number Date: BED FACILITY CODE PATIENT CODE ROOM NO.

Document 20-4

Filed 08/22/2007

Page 69 of 134

Case 2:07-cv-00630-MEF-WC

MEDICATION

MEDICATION



MEDICATIONS	HOUR	1	2	3	4	5	6	/ E	3 9	1	11	12	13	14	15	16	17	18	9 2	0 2	1 2	2 2	3 2	4 2	5 2	6 2	7 28	29	30	3
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CHARTING FOR	THROUGH								F)	eler	diane.	o Ni	Oliver P	۵r	40.00	(1) N 1 1			_		<u>سپيمو</u>	11	1	lnn	nate	No				
Physician // Alt. Physician	AN	RA	Į,),	2	D.	1	ح	11.2	ieler Vit. T				GI.		n	7	1		ig/		Ľ	\exists			2	Salar Salar Salar	2	सन्दर्भक	Q-137
Allernies NKA	<i>V</i> ×.∨×.						3.5 (9)			leha Oter		ative		U	a,	L.	J		l)			11.00	*5157E	A) 750	76.5% 75.5%				470
Diagnosis						565	18.9	7.55				-//	225/	erit.	ſ	Y (i)		Sept.	77		5-594 		in v		All of the	restriction Visit in	G. C.		g2840	
	177	Comn	lete E	ntrie	s Ch	eck	6) _	top odranj Nastana		J)	V	//	2	95 (28):	SIQ.	765 A.S.	r	L	1	SVE.	(*)		WH.	Sey e.		I a	E Bay	<u> </u>	
Medicaid Number Medicare Number	3 -	Э о лір Зу:	<u> </u>		S.F.L.	Ĺ	L	l	l	lh	U	1/	al	<i>t</i> -	<u>ر</u>	4 22 1	Title:	y	9 1	ا مارون			rw e-	n rivin	Date		10	1	10	12
PATIENT HAMOS DONLY					53/54X - 14/34	7		Search -			1	CER TO THE			/	1	ST.	OF OF	8)	RO	ОМ	NC		BE	ED	1/6	A)	APHC	AR/

07/02/2007

104994572

07/03/2007 09:45 7/3/2007 14:49

Test Description	Result	Abnormal	Reference Ra	ange
Comment :				
NONFASTING				
	* CHEMI	STRY *		
Total Protein	7.8		5.9-8.4	gm/dl
Albumin	5.0		3.2-5.2	gm/dl
Globulin	2.8		1.7-3.7	gm/dL
A/G Ratio	1.8		1.1-2.9	
Glucose		116 HI	70-109	${\tt mg/dL}$
Sodium	145		133-145	${ t mmol/L}$
Potassium	4.2		3.3-5.3	${ t mmol/L}$
Chloride	104		96-108	$\mathtt{mmol/L}$
CO2	23		21-29	${ t mmol/L}$
BUN	11		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	11		10-28	
Calcium	9.9		8.4-10.4	mg/dl
Uric Acid	5.5		2.4-7.0	mg/dl
Iron	117	•	30-160	mcg/dl
Bilirubin, Total	0.4		0.1-1.0	mg/dl
LDH	204		94-250	u/1
Alk Phos	72		39-120	u/1
AST (SGOT)	22		< 37	u/1
Phosphorous	3.4		2.6-4.5	mg/dl
ALT (SGPT)	21		< 40	u/L
G-GTP	17		7-51	\mathtt{u}/\mathtt{L}
*************	******	******	******	* *
* GFR, Estimated = 87.68 mL/mi	n/1.73m2			

Continued on Next Page

A-12/07

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Junes Weisberger, M.D.

481 EDWARD H, ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-LABS

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	BioRefere	ence		104994572-6		-		
٥٥		CORR. FACILITY	T37.F	THOMAS, BARRY		THOMAS, BARR		
CHO	200 WALLACE CLIO, AL 30	5017	FX	THOMAS, BARRY		THOMAS, BARR	galatik ARST). Y	
R	(334) 397-44	,		-FINAL- Origi	nal Rej	port 07/	03/2007	
NAME			PATIENT I.D. / I	ROOM NO.	DOC	TOR / GHOUP NAM	E	
	THOMAS, BARR	RY	17862	28]	DR. DARB	OUZE	
LAB I.D.	NO.	DATE COLLECTED		DATE RECEIVED	DATE OF R	EPORT	AGE	SEX
	104994572	07/02/2007		07/03/2007 09:4	5 7/3/:	2007 14:	49 40	У М

Test Description	Result	Abnorm	al Reference R	ange
*	CARDIOVAS	SCULAR/LIPIDS	*	
Cholesterol	175		< 200	mg/dl
Triglycerides	140		< 151	mg/dl
HDL CHOL., DIRECT	60		>35	mg/dl
HDL as % of Cholesterol	34	(> 25) BI	ELOW AVERAGE RISK	ે
Chol/HDL Ratio	2.92	(<4.2) B	ELOW AVERAGE RISK	
LDL/HDL Ratio	1.45		0-3.55	
LDL Cholesterol	87		< 100	mg/dL
	* HEMA	ATOLOGY *		
			2 40 11 00	30/2)
WBC	11.7		3.40-11.80	x10(3)
RBC	5.9	15 0 117	4.20-5.90	x10(6)
HGB		17.9 HI		gm/dl
HCT	00.0	53.5 HI		% 77.T
MCV	90.2		80.0-100.0	FL
MCH	30.2	•	25.0-34.1 30.0-35.0	pg
MCHC	33.5		10.9-16.9	gm/dl %
RDW	$\begin{array}{c} 13.4 \\ 77 \end{array}$		36-78	6 %
POLYS	9009	•	1224-9204	•
POLYS - COUNT, ABS	9009 15		12-48	%
LYMPHS COUNT ARC	1755		408-5664	3
LYMPHS - COUNT, ABS	1/55		0-8	ે
EOS - COUNT, ABS	117		34-944	•
BASOS	0		0-2	%
BASOS - COUNT, ABS	- 0		0-236	O
MONOS	7		0-230	%
MONOS - COUNT, ABS	819		170-1416	U
Platelet Count	250		144-400	x10(3)
FIACETEC COUITC	250		T== =00	ATO (J)

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Ourly James Weisberger, M.D.

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-1 ABS

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Case 2:07-cv-00630-MEF-WC	C Docume	ent 20-4 Filed 08/	/22/2007 Page 73	3 of 134
BioReference		104994572-6 TH	HOMAS, BARRY	
D ENGREDITMC CODD ENCITTS	ζ	THOMAS, BARRY	THOMAS, BARRY	4.
C 200 WALLACE DR. T CLIO, AL 36017	FX	THOMAS, BARRY	THOMAS, BARRY	907.
O (334) 397-4471 (A0113-4	PATIENT I.D. / RO	-FINAL- Origina	al Report 07/03/	2007
THOMAS, BARRY	178628		DR. DARBOUZ	Œ
AB I.D. NO. DATE COLLECTED 07/02/2007	i	TE RECEIVED 07/03/2007 09:45	DATE OF REPORT 7/3/2007 14:49	AGE SEX 40 Y M
Test Description	Result	Abnormal	Reference Ra	ınge
	* MISCE	CLLANEOUS *		
PSA 3rd.GEN.	0.731		<4.0 ng/mL	
********				: *
The PSA assay should not be purposes. Additional evalues may be used to disease recurrence should be a similar procedures may be used.	uation using used for thi	DRE, ultrasound, is purpose. Predict	rur or tions	

Final Report

obtained from serial PSA values obtained on the patient.

PSA method: Roche Diagnostics/electrochemiluminescence Immunoassay.

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A 7/9/07

James Weisberger, M.D.

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-LABS

Case 2:07-cv-00	0630-MEF-WC	Document 20-4	Filed 08/2	2/2007 Page 74 of 134
AL DERVISOR	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	/	Ti	.
DEPARIMENTO	F CORRECTIONS		Name: HOA	AS- BALLY
· · · · · · · · · · · · · · · · · · · ·			State ID No:	78 628
ADIOLOGY SERVICES REQU	UEST AND REPORT		DOB //-2	
NSTITUTION: EASTER	lina		•	
				Sex: Cn
OTE: PERTINENT CLINICAL INFORM	ATION AND TENTATIVE	e diagnosis must be pr	OVIDED FOR X-RAY	EXAMINATION TO BE PERFORMED
Requesting Physician/PA/NP	Date of requ	i	Routine Priority	Transportation or special needs
Dailon	7-2-0	1	X	
HISTORY/DIAGNOSIS:	12 L	T D	. ~ 1 - 1	do
7	Best.	10 th	ability	**
			1	THE STATE OF THE S
			•	
ABDOMENACUB	1	X#AY REQUEST		
ACKOMIO-CLAVICULAR IOINTS (W/WO	FINGERS	NAVICULAR VIEW	· F ×	ENUTE STUDIES
WEKGRT)		ORBITS	. 51	ERHUM
GERVICAL STING	Y Para la	OS CALCIZ (HEEL.	те	STITION NATURALINATION ON ON ON
CHEST PA / LATERAL	X IN RTE LT		<u></u>	OKACIC SHINE
COCCYX	KUMERUS	RADREATINA	19	IAFBUA
COME DOWN SELLA TURCICA	X LUMBAR SPORE	FACKO-KILLAC JOBN	70	
ELBOW	MANDBLE	SCAPULA		WWW
FACIAL BONES	NAXELIA	ZHOULDER	·	OMATIC ARCH
FEMUR	HASAL BONES	SKULL		
Thomas		REPORT		
LUMBAR SPINE:	There is slight s		1è with the cur	ve directed to the
left. The curvature	e measures appro	oximately 10 degre	es. The verteb	ral body heights are
maintained. No s	ignificant disc sp	ace narrowing is d	etected.	
IMPRESSION: M	IILD SCOLIOSIS	•	*	
BOTH HIPS: The	e examination sho	ows no evidence o	f recent fractur	e or other significant
bony abnormality.			, , , , , , , , , , , , , , , , , , , ,	
IMPRESSION: NE	EGATIVE STUDY	Y	•	
D & T: 07-03-07 TI	homas I Pavne	III M.D./km Board	l Cartified Padi	ologiet (Signature
on file)	nomes a. r aync,	m, w.b./km board	Ochmed Mad	ologist (olgitature
•				D 2 1007
•				
·			•	- M ' M
	//Ch	1 /21/	7/	7-2 2
Y TECHNOLOGIST'S NAME (PRINT)	H VI	SURTRE	///	1807
(PRINI)	X-RAY TECHNOL	LCKHST'S SIGNATURE	DATE,	TIME ENAM PERIOPMED
OR OR HAVE BASIE OPENTY	PATHOLOGISTES	stos Arojo		
o 4 /00/077/00 'AN/##:		•	, DATES	DNIBAMI ABAHAD I

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Case 2:07-cv-00630-MEF-WC

BIOREFERENCE LABORATORIES 481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-LABS

EASTERLING CORR. FACILITY OCTOR 200 WALLACE DR.

CLIO, AL 36017

(334) 397-4471 (A0113-4)

NAME

DOB: 11/20/1966

-FINAL- Original Report 07/03/2007

Milosa a		PATIENT I.D. / ROOM NO.	DOC	TOR / GROUP	
	RRY	178628			
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DR. DARBOUZE		
104994532	25.44	- INTERCOLIVED	DATE OF REPORT	AGE SEX	
	<u> </u>	07/03/2007 09:45	7/3/3007 10 00		
104994572	07/02/2007	A	7/3/2007 12:30	AGE SEX	

Test Description

Result

Abnormal

Reference Range

Comment :

NONFASTING

	* CHEMI	STDV *		
Total Protein Albumin Globulin A/G Ratio Glucose Sodium Potassium Chloride CO2 BUN * Creatinine BUN/Creat Ratio Calcium Uric Acid Iron Bilirubin, Total LDH Alk Phos AST (SGOT) Phosphorous ALT (SGPT) G-GTP	7.8 5.0 2.8 1.8 145 4.2 104 23 11 1.0 11 9.9 5.5 117 0.4 204 72 22 3.4 21	116 нг	5.9-8.4 3.2-5.2 1.7-3.7 1.1-2.9 70-109 133-145 3.3-5.3 96-108 21-29 7-25 0.6-1.3 10-28 8.4-10.4 2.4-7.0 30-160 0.1-1.0 94-250 39-120 < 37 2.6-4.5 < 40 7-51	gm/dl gm/dl gm/dL mg/dL mmol/L mmol/L mmol/L mg/dl mg/dl mg/dl mg/dl mg/dl u/l u/l u/l u/l u/L

Continued on Next Page

Page: 1

James Welsberger, M.D. Laboratory Oirector

^{*} GFR, Estimated = 87.68 mL/min/1.73m2

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-LABS

DOCTOR EASTERLING CORR. FACILITY 200 WALLACE DR.

CLIO, AL 36017 (334) 397-4471

(A0113-4)

DOB: 11/20/1966

NAN	A.F	-FINAL- Origin	al Report 07/03/2	007	
		PATIENT I.D. / ROOM NO.		TOR / GROUP	
THOMAS, BA	RRY DATE COLLECTED	178628 DATE RECEIVED	DR. DARBOUZE		
104994572			DATE OF REPORT	AGE 8	X
104994212	07/02/2007	07/03/2007 09:45	7/3/2007 12:30	40 Y M	

Test Description	Result	A	bnormal	Reference	Range
	* CARDIOVA				
Cholesterol	175			- noo	
Triglycerides	140			< 200	mg/dl
HDL CHOL., DIRECT	60			< 151	mg/dl
HDL as % of Cholesterol		(5 25)	HET OU	>35 AVERAGE RISK	mg/dl
Chol/HDL Ratio	2.92	(<4.2)	DELOW	AVERAGE RISK	%
LDL/HDL Ratio	1.45	(- 2)		AVERAGE RISK	
LDL Cholesterol	87			0-3.55	
	3,			< 100	mg/dL
	* HEMA	TOLOGY *	:- -		·
MBC					·
RBC	11.7			3.40-11.80	 #10(3)
HGB	5.9			4.20-5.90	
HCT		17.	9 HI	12.3-17.0	
MCV		53.	5 HI	39.3-52.5	8
	90.2			80.0-100.0	FL
MCH	30.2			25.0-34.1	pg
MCHC	33.5			30.0-35.0	
RDW	13.4			10.9-16.9	
POLYS	77			36-78	%
POLYS - COUNT, ABS	9009			1224-9204	-
LYMPHS	15			12-48	%
LYMPHS - COUNT, ABS	1755			408-5664	· ·
EOS	1			0-8	%
EOS - COUNT, ABS	117			34-944	•
BASOS	Ô			0-2	%
BASOS - COUNT, ABS	0			0-236	
Monos	7			0-13	%
MONOS - COUNT,ABS	819			170-1416	70
Platelet Count	250			144-400	x10(3)

Continued on Next Page

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James Weisberger, M.D. Laboratory Director

7/3/2007 12:39 BioReference Laboratories, Inc.
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BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407

ם	アスクロアウミ ておか へっ			
	EASTERLING CO 200 WALLACE D CLIO, AL 360 (334) 397-447)R. 17	DOB: 1	1/20/1966
	NAME		Files: Origin	al Report 07/03/2007
	HARLE		PATIENT I.D. / ROOM NO.	DOCTOR / GROUP
	THOMAS, BARRY	TE COLLECTED	178628	DR. DARBOUZE
	DA	TE COLLEGIED	DATE RECEIVED	DATE OF REPORT AGE SEX
	104994572	07/02/2007	07/03/2007 09:45	

Test Description Result Abnormal Reference Range

PSA 3rd.GEN.

0.731

<4.0 ng/mL

purposes. Additional evaluation using DRE, ultrasound, TUR or similar procedures may be used for this purpose. Predictions of disease recurrence should not be based solely upon values obtained from serial PSA values obtained on the patient. PSA method: Roche Diagnostics/electrochemiluminescence Immunoassay.

Final Report

Page: 3

James Welsberger, M.D. Laboratory Director 7/4/27



DEPARTMENT OF CORRECTIONS

			DATE: _	6/281	167
URINALYSIS		BLOOD	May		- I opm
LEUKOCYTES LEG		SPEC. GRAY	114 1.015		
UROBILINOGEN Agricol		KETONE	Her		<u> </u>
pH	<u>. </u>	HCG			
(Add: Final Labs Here)		· .			 -
(Add: Filial Laborator)			•		-
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INMATE NAME (LAST, FIRST, MIDDLE)		178	1628 11/2016	a way	Asterda
PHS-MD-70012	LABORA'	TORY REPOR	CTS		. .

MT. MEIGS, AL 36057

ACCESSION NO.	A CARRE	FACILITY
131/178628	BAWY THOMAS	Easterling

DATE COLLECTED	TIME COLLECTED	DATE RECEIVED	TIME RECEIVED
5/22/06	8:30 AM	5/26/06	8:30 AM

Test Name	Result	Out of Range	Reference Range	
HIV ANTIBODY	NT		NEGATIVE (NEG)	
RPR	NR		NON-REACTIVE (NR)	
URINALYSIS			J 6/ 8/070	
PROTEIN	NT		NEGATIVE (NEG)	
GLUCOSE	NT		NEGATIVE (NEG)	
KETONES	NT		NEGATIVE (NEG)	
BILIRUBIN	NT		NEGATIVE (NEG)	
BLOOD	NT		< 5 RBC/MCL (NEG)	
NITRITE	NT		NEGATIVE (NEG)	
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)	
LEUK. ESTERASE	NT		NEGATIVE (NEG)	

^{*} NT = Not Tested

Case 2:07-cv-00630-MEF-WC Document 20-4 Filed 08/22/2007 Page 80 of 134 Clinical Information 18/81/24 27:11 E Additional Information DOD: Patient ID Physician ID 11/20/66 DARBOUZE 178628 51622954646 Age (Yr/Mos) Account atient Name 21488853 038/90 Easterling Corr. Facility THOMAS, BARRY 211 Prison Health Services atient Address 21 200 Wallace Dr. Date Reported , AL 36017-0010 Date Collected Clic 11/30/04 334-397-4471 AL.N 11/29/06 12/01/04 FLAG UNITS REFERENCE INTERVAL LAB 1/2 Avg. Risk 3.4 4.4 Avg. Risk 5.0 BX Avg. Risk 9.6 7. 1 3X Avg. Risk 23.4 The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pramature CHD. MH ME hyroid 0.350 - 5.500 ME uIU/mL 2.371 TSH ME 4.5 - 12.0 Thyroxine (T4) 5.9 ug/dL ME 24 - 3937 T3 Uptake 1.2 - 4.92.2 Free Thyroxine Index Vi je ME BC, Platelet Ct, and Diff ME ж10E3/uL 4.0 - 10.5 6.8 White Blood Cell (WBC) Count 4.10 - 5.60 ME 5.23 x10E5/uL Red Blood Cell (RBC) Count 12.5 - 17.0 ME g/dL 15.9 Hemoglobin 36.0 - 50.0 MH 45,8 % Hematocrit 80 - 98 89 fL. MOU 27.0 - 34.0 ME 30.4 DO MCH 32.0 - 36.0 MH g/dL 34.0 MCHC 11.7 - 15.0 ME 13.4 RDM 7, 140 - 415 Y x10E3/uL Platelets 181 40 - 74 ME 51 Neutrophils 14 - 46ME n/ 36 Lymphs 4 - 13ME % -Monocytes 0 - 7 мн 3 1/2 Eos 0 - 3 $y_{\rm R}^2$ Y 4 Basos 1.8 - 7.8 (vi E x10E3/uL Neutrophils (Absolute) 0.7 - 4.5ME x10E3/uL 2,2 Lymphs (Absolute) 0.1 - 1.0 x10E3/uL 0.8 Monocytes (Absolute) 0.0 - 0.4 x10E3/uL 0.2 Eos (Absolute) x10E3/uL 0.0 - 0.2 Ø. i Baso (Absolute) DIRECTOR: Arthur Kelly, MD LAB: MB LabCorp Birmingham 1801 First Avenue South Birmingham, AL 35233-0000 OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 334-792-6902 LAB: 205-581-3500 LAST PAGE OF REPORT

· HOMAS, BARRY

PATID: 178628

REPORT ©2004 Laboratory

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Column	Case 2:07-cv-00630	Report Status	98 j	iment 20-4		2/2007 Pag	5
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The content of the	_DH						
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prids holesterol, Total 253 H mg/dL 100 - 199 riglycerides 348 H mg/dL 0 - 149 lt. Cholesterol 47 mg/dL 40 - 59 lt. Cholesterol 247 mg/dL 5 - 40 lt. Cholesterol Cal 70 H mg/dL 0 - 99 lt. Cholesterol Cal 136 H mg/dL 0 - 99 lt. Cholesterol Calc 136 H mg/dL 0 - 99 lt. Cholesterol Calc 136 H mg/dL 0 - 99 lt. Cholesterol Calc 136 H mg/dL 0 - 99 lt. Cholesterol Calc 136 H mg/dL 0 - 99 lt. Cholesterol Calc 136 H mg/dL 140 lt. Cholesterol Calc 136 mg/dL, assess for risk factors and refer to the ATP-III table below. Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL) mg/dL at which to initiate at which to Therapeutic Lifestyle consider Drug Changes (TLC) Therapy CHD (100)100)0r=130 2+ Risk Factors (130)0r=130)0r=130 2+ Risk Factors (130)0r=130)0r=190 lt. Chol/HDL Ratic 5.4 H ratio units 0.2 - 5.0 lt. H times avg. 2.0 - 1.0 lt. Chol/HDL Ratic 1.0 lt. Chol/					· ·		
pids holesterol, Total 253 H mg/dL 100 - 199 riglycerides 348 H mg/dL 0 - 149 DL Cholesterol 47 mg/dL 40 - 59 LDL Cholesterol Cal 70 H mg/dL 5 - 40 DL Cholesterol Calc 136 H mg/dL 0 - 99 comment If initial i.DL-cholesterol result is \$100 mg/dL, assess for risk factors and refer to the ATP-III table below. Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL) mg/dL at which to initiate at which to Therapeutic Lifestyle consider Drug Changes (TLC) Therapy CHD (100 \$100 or=130 or=130 2+ Risk Factors (130 or=130 or=130 0-1 Risk Factors (160) or=160 or=190 Chol/HDL Ratio 5.4 H ratio units 0.0 - 5.0 stizated CHC Fich 1.1 H bises avg. 0.9 - 1.0 Therapeutic CHO CHO Fich 1.1 H bises avg. 0.9 - 1.0 The Chol/HDL Ratio 1.1 H bises avg. 0.9 - 1.0 The Chol/HD							
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LDL Cholesterol Cal 70 H mg/dL 5 - 40 DL Cholesterol Calc 136 H mg/dL 0 - 99 omment If initial LDL-cholesterol result is \100 mg/dL, assess for risk factors and refer to the ATP-III table below. Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL) mg/dL at which to initiate at which to Therapeutic Lifestyle consider Drug Changes (TLC) Therapy CHD (100 \100 \100 \000 \000 \000 \000 \000	****			348 H			
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Filed 08/22/2007 Document 20-4 S MΒ FINAL 279-397-0312-0 00 1 Additional Information Clinical Information DOB: 11/20/66 Patient ID Physician ID CD- 51619533784 178628 'atient Name Age (Yr/Mos) THOMAS. BARRY 037/10 Easterling Corr. Facility 01488855 atient Address Prison Health Services 171.1 200 Wallace Dr. 01 , AL 36017-0010 Date Collected Date Entered Date Reported Clio 10/05/04 10/05/04 10/06/04 2763 334-397-4471 ALN RESULT REFERENCE INTERVAL 172 Avg.Risk Avg.Risk 5.0 4.4 2X Avg. Risk 9.6 7.1 3X Avg. Risk 23.4 The CHD Risk is based on the T. Chol/HDL ratio. factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD. MH hyroid MH TSH 2.837 uIU/mL 0.350 - 5.500 4.5 - 12.0MH Thyroxine (T4) 5.8 ug/dL 24 - 39MH T3 Uptake 35 1/4 1.2 - 4.9 Free Thyroxine Index 2.0 ME BC, Platelet Ct, and Diff ΜĦ White Blood Cell (WBC) Count 4.0 - 10.55. i x10E3/uL 4.10 - 5.60ME Red Blood Cell (RBC) Count 5, 32 x10E6/uL 12.5 - 17.0 Hemoglobin 16.3 MH g/dL 36.0 - 50.0 ME 47.8 Hematocrit % 80 - 98 MB MCV 90 fL 27.0 - 34.0 MCH 30.6 MH рg 32.0 - 36.0 MB MCHC 34.0 g/dL ME RDW 13.9 11.7 - 15.0Platelets 194 x10E3/uL 140 - 415MH 40 - 74Neutrophils 57 e i MH 31 % 14 - 46 ME Lymphs 4 - 13NE Monocytes 8 % $Q_1 - 7$ 3 % ME Eos 0 - 3MB 7/4 Basos 1 1.8 - 7.8ME Neutrophils (Absolute) 3.5 x10E3/uL 0.7 - 4.5ME Lymphs (Absolute) 1.9 x10E3/uL 0.1 - 1.00.5 ME Monocytes(Absolute) x10E3/uL 0.0 - 0.4MH Eos (Absolute) Ø. Z x10E3/uL 0.0 - 0.2 ME Baso (Absolute) x10E3/uL MB lease note The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied. DIRECTOR: Arthur Kelly, MD LAB: MB LabCorp Birmingham 1801 First Avenue South Birmingham, AL 35233-0000

HOMAS, BARRY

PATID: 178628

REPORTED DATE: 120/05/2004 Laboratory Corporation of America® Holdings gs st and a new part of America® Holdings g

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AL Case 2.07-cv-0003	U-IVIEF-VVC DOC	1 F	1 00/22/2007 Page 63 01 134	
DEPARTMENT O	F CORRECTIONS	C 2-6/	me: IHOMAS - BARR	
PARTOLOGY CERTAGES TO A	• 	Sta	te ID No: 178428	-
RADIOLOGY SERVICES REQU		Do	11 2 - 1	_
INSTITUTION: FOSTER	lina .		1/	-
	1	Ra		
Requesting Physician/PA/NP	ATON AND TENTATIVE DIA		FOR X-RAY EXAMINATION TO BE PERFORMED	>
DAdon	Dute of request 6-8-87	Time of request Rout	The state of the s	
HISTORY/DIAGNOSIS:	D-4 0/		10-11-07 Officer Go	an
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	7.4	AY EQUEST	The state of the s	
ACCOMING CALLAND	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES	•
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS .	STERNUM	
ANKLE CERVICAL STINE	HAND	O2 CYTCIZ (HEET)	TEMPORO-MANDIBULAR TORNES	
CHEST PA / LATERAL	HUMERUS	PELVIS	THORACIC SPINE	•
coccux :	KNEE	RADIUSTICNA	TRIAFIBULA	
CONE DOWN SELLA TURCICA	LIMBAR SPINE	SACRO-ELLIAC JOINTS	TOES WEST	
FACIAL BONES	MANDABLE	SCAPULA	ZYGOMA	
PEMUX	MAXILIA MAXAL BONES	\$HOUT DER	ZY00MATIC ARCH	
Thomas		2KOTT		
IMPRESSION: NO	The vertebrae are v bone disease. DRMAL STUDY.		w no evidence of any fracture diologist (Signature on file)	
•				
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			67	
			A 6/14/07.	
AY TECHNOLOGIST'S NAME (PRINT)	X-RAY TINUMOI OGIST	S SIGNATURE	DATE, TIME EXAM PERFORMED	
of descards NAME OFUNTY	EAUTH CRUST'S SEINAL	ome.	INCHESIONES	

(MFD))1NN 13 5007 12:50/ST.12:08/NO.6312281831 P 2

PRUM CARABA IMAGING

RADIOLOGIST'S SIGNATURE

COOP OF LOW (NOW)

RADIOLOGIST'S NAME (PRINT)

1 AAAIA77100 MH/L7101 MA/I44

ГКУМ ОБПВОВ ТИВВІМА

DATE SIGNED

Print Name: Ba	Cry Thomas Date of F	
ID#: 178629	S Date of F	Request: 11-29-98
Nature of problem of	Date of Birth: 1/-20-66 or request: Filling Came	Housing Location: K - 7/
-		ar a tront
I consent to be treated	d by besith so	
-	d by health staff for the condition descr	ribed.
	SIGNATURE	K. Ihomas
PLACE	THIS SLIP IN MEDICAL BOX OR DO NOT WRITE BELOW THI	DESIGNATED AREA S AREA
	HEALTH CARE DOCUMENT	**************************************
Subjective:	· · •	· · · · · · · · · · · · · · · · · · ·
Objective: BPP		
•	RT	
A		g men
Assessment:	A	1.5
Plan:		<i>\partial</i> .
P10		
Mar		
Refer to: PAPhysician		
PA/Physician	Mental Health Dental	
Signature: 6. In Miles		1 / .
CMS 7166 REV. 10/94	Title: Date:	1 3/18 Time: 10:55 Am
	· ·	1 1

Print Name: Baccy R. Thomas
Print Name: Back R. Thomes Date of Request: 8-5-98 ID#: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19 Nature of problem or request: Filling fell out of the footh
Nature of problem or request: Filling fell out of a foot
tooth.
tooth. The fort of a front
I consent to L
I consent to be treated by health staff for the condition described.
Barris K. 1/2
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
THE THE PARTY OF T
HEALTH CARE DOCUMENTATION
Subjective:
Ohi:
Objective: BP P R T
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Kron
THE STATE OF THE S
P. C
Refer to: PA/Physician Mental Health Dental
Dental
Signature. & Vonda
Signature: 6. Wholey Title: DA Date: 8.6-98 Time: 9:25 Am
Time: 1 AM

Print Name: Barry R. Thomas Date of Request: Jan. 6, 1998
ID#: 178680 Date of Birth: 11-20-66 Housing Location: KCB-16
Nature of problem or request: Need teeth cleaned
I consent to be treated by health staff for the condition described.
Barty I homas
SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan:
RYEY
\
Refer to: PA/Physician Mental Health Dental
Signature: M Squire Title: PD++ Date: Time:
CMS 7166 REV. 10/94

Print Name: Barry R. Thomas Date of Request: 1-1-97
ID #: <u>178628</u> Date of Birth: <u>11-20-96</u> Housing Location: <u>KCB-19</u>
Nature of problem or request: I would like an appointment to have my teeth cleaned. (I'll be at point shop dental call) Thank you
I consent to be treated by health staff for the condition described.
Sarry K. Thomas SIGNATORE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan: Ptc Pt
Refer to: PA/Physician Mental Health Dental
Signature: M. Squire Title: ROH Date:Time:



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

1. BARRY THOMAS		178	628	
(Print Name)		(Doc#)	
acknowledge receipt of the following medical equipment or app	oliance:			
() Splint				
() Eyeglasses				
() Dentures				
() Prothesis describe		***		·
() Wheelchair			and the same of th	Commence of the Commence of th
() Cane				
(X) Crutches X / Wcct 57AT 7-2-	07	Pat	wn 71	9/07/
() Other describe	(. 	1000		— /
I acknowledge that the equipment/appliance is functional for m			***************************************	
I also acknowledge the equipment/appliance is in good working	g condition.			
	ภ	la 10 -		
Dary Thoma 178628		14/07		·
(Inmate)	(Date)			
	7.	2 - 7		
_ USI		2-07		
(Witness)	(Date)			
MATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
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INMATE NAME (LAST, FIRST, MIDDLE)		DOC#	DOB	R/S	FAC.
THOMAS - BARRY		178628	11-20-66	WIM	EAST.
PHS-MD-70005	(White - Medical File, Yellow - Secur	ity Property Of	ficer)	·	1

HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 7-2-07	
To:	
From: <u> </u>	
Inmate Name: BARLY THOMAS	ID#: _ <i>178628</i>
The following action is recommended for medical reasons:	
1. House in	
2. Medical Isolation	
3. Work restrictions	
4. May have extra	until
5. Other	
Comments: CPuTcles X/Week	
CRUTCHES X / Week -	7
Date: 7-2-07 MD Signature: DR DAloge / 2.0	Land Time: 12/2
15 went	60418 Thomas 178628



RELEASE OF RESPONSIBILITY

Inmate's Name: Barry Thomas		
Date of Birth:	Social Security No.:	
Date: <i>Lo/29/</i> 07	Time: 715	AM. P.M.
This is to certify that I,	Barry Inomas	, currently in
custody at the	(Print Facility's Name)	, am refusing to
accept the following treatment/recommendation	ons: TEJUSES MO (Specify in Detail)	appt.
involved in refusing them. I hereby release and	rmed of and understand the above treatment(s)/recomd agree to hold harmless the City/County/State, statuto nedical personnel from all responsibility and any ill effect ponsibility for my welfare.	ry authority, all correctional
Barry Thomas (Signature of Inmate).	SBUSMIN - (Signature of Medica	al Person)
(Witness)	(Witness)	

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



E2-6A

RELEASE OF RESPONSIBILITY

Inmate's Name: / Amas]	Samy		
Date of Birth:/1/20/66	Social Security	No: 178600	7
Date of Birth:	Time:	9:00	A-M.
This is to certify that I, Thoma	Sam (Frint Inmate's Name)	1	, currently in
custody at the	ont Facility's Name)		, am refusing to
accept the following treatment/recommendations:	5 ick cal	(Specify in Detail)	
I acknowledge that I have been fully informed of and involved in refusing them. I hereby release and agree to ho personnel, Prison Health Services, Inc. and all medical personaction/refusal and I personally assume all responsibility for	old harmless the City/onnel from all responsi	County/State, statutory authory	ority, all correctional
Refusal to sign	<u> </u>	(Signature of Medical Person)	nka
(Witness)	_ Mg	Mode (Witness)	

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

i. Bari	24 R. THOMAS		17862		
(Print Name)			(Doc#)		
acknowledge receipt o	f the following medical equipment or a	appliance:	e De	ated 1501	
() Splint			Co is	401	
() Eyeglasses			101	105	
() Dentures			(
() Prothesis	describe	· <u>· · · · · · · · · · · · · · · · · · </u>		<u> </u>	
() Wheelchair					
() Cane					
(Crutches	<i>t. A.</i>				
() Other	describe / Cruftl	+ 1 week			
		(a	18/07 -	Celiston	
I also acknowledge the	equipment/appliance is in good work	ang condition.			
+Bru	n Thoma		6/15/6-	7	
(Inmate)		(Date)			
The state of the s	4		6/15/8	<u> </u>	
(Witness)	·	(Date)	,		
MATE NAME (LAST, FIRST, N	AIDDLE)	DOC#	DOB	R/S	FAC.

PHS-MD-70005

(White - Medical File, Yellow - Security Property Officer)



SPECIAL NEEDS COMMUNICATION FORM

Date	:6-8-07	
To:	:6-8-07 Doc	_
Fron	n: Hcu	_
Inma	ate Name: THOMAS - BALK	ID#: 178628
	ollowing action is recommended for medical reasons:	
1.	House in	
2.	Medical Isolation	
3.	Work restrictions	
4.	May have extra	_until
5.	Other	
Com	CRUTCH X IWECK	
57,	AT 6-8-87 570p 6-15-07	
Dates	: 6-8-07 MD Signature: De Day /Dov	Time: 1 Time
	Son Tho	60418

PHS094

_	
	PRISON -
	HEALTH
	SERVICES

PHS-MD-70007

EMERGENCY

SERVICES WCOMPONATED		60				
ADMISSION DATE TIME AM PM	ORIGINATING FACILITY	PEE O_		☐ SICK	CALL DEMER	RGENCY
ALLERGIES		CONDITION N GOOD	ON ADMISSION	POOR DSHOCK		
VITAL SIGNS: TEMP 77. 5 RECTAL	RESP.	<u>o</u> ,	PULSE 76	B/P 90 / 7	RECHECK SYSTOLIC <100>50	/
NATURE OF INJURY OR ILLNESS		ABRASION ///	CONTUSION	# BURN XX FRAC	TURE Z LACER	RATION / SUTURES
5= My law back	pin		1			
to getting worse. Ca	6)			. /		
attack and to make	it -6		اسحد	$\langle . \rangle$	_	
bull call & change	but it's] [1/2 6	= {)
mpossible to do it in	Tw	J. J.	()		, V()	
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Of back. Bloced w	Whimas	<u>-</u> \/\	L 11	1)[RIGHT OR LE	FT
war we - it is boung to	(B) w					
We State to wash.	to 01+	ORDERS / ME	DICATIONS / IV	' FLUIDS	TIME	BY
apply former man	3 afri	P-GA	w a.n	2 mud	2- hal	din
		Catier	i ayo	will	sun by	2
A-alt anyout		mg. 4	h18_	a.M.	- 0	, <u> </u>
0						
DIAGNOSIS		<u> </u>			<u> </u>	
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE TIME AM PM	RELEASE / TRANSFERRE	DTO DO	BULANCE	CONDITION ON DIS	SCHARGE POOR CRITICAL	L
	PHYSICIAN'S SIGNATURE		PATE	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DOC#	DOB	R/S	FAC.
THOMAS, BARRY		\	18628	11-20-66	W/m	ECF
PHS-MD-70007 (White	- Record Copy, Yello	ow – Pharma	cy Copy)			

PHS095



SPECIAL NEEDS COMMUNICATION FORM

- 660
Date: O-5-0/
To: Doc
From: The state of the state of
Inmate Name: Thomas Sawy ID#: 17668
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Batton Bank Profile & zwle
6-5-9 -> 6-19-9
Date: 6-5-7 MD Signature: Dr Doubour of Time: 12 35
Barry Thoma 178628

SPECIAL NEEDS COMMUNICATION FORM FRISON 4FAI TH

Date: <u>5-30</u>	07		
To:	-Easkrling		
Inmate Name	: Thomas Barry	ID	#: <u>178028</u>
The following a	ction is recommended for med	ical reasons:	
1. House in			
2. Medical	solation	manuskalov v	
3. Work res	trictions		HAP-11
4. May hav	extra	until	<u> </u>
5. Other		$\overline{}$	
Continue	Pottom Bunk profile	until Seen b	ymb on 6-5-07.
		(,
Date: <u>5-30-0</u> -	MD Signature: <u>VOD/D</u>	alous Jaiandt	03. RN Time: 550 pm

& Barry Thomas

60418



RELEASE OF RESPONSIBILITY

Inmate's Name: BARRY IHOMAS		
Date of Birth: 11-20-1010	Social Security No.: AIS #	178628
Date: 5-29-C7	Time:	A.M.A
This is to certify that I, Barry Thomas	(Print Inmate's Name)	, currently in
custody at the <u>Easterling</u> (Print F	acility's Name)	, am refusing to
accept the following treatment/recommendations:SiCK_	Call 5-39-07 (Specify in Detail)	
I acknowledge that I have been fully informed of and un involved in refusing them. I hereby release and agree to hold I personnel, Prison Health Services, Inc. and all medical personn action/refusal and I personally assume all responsibility for m	harmless the City/County/State, statuto el from all responsibility and any ill effec	ory authority, all correctional
Sary Thomy 178628 (Signature of Inmate)**	CUX MUCO FA	(a) Person)
Jane William (OI		
/ (************************************	(Witness)	

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

EMERGENCY

ADMISSION DATE TIME ORIGINATING FACILITY SIR PDL ESC.	SICK CALL DEMERGENCY COUTPATIENT
ALLERGIES NEOA	CONDITION ON ADMISSION CYCOOD GFAIR GPOOR GSHOCK GHEMORRHAGE GCOMA
VITAL SIGNS: TEMP 9 RECTAL RESP. 6	PULSE BIP 14/50 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
S. I have Pessive on	<u> </u>
my verve to Colf put any	
fressur an m) to	() ()
0- Brough to Human	1 2 5 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
rac Able how me sowit	
E all set Able to Flex &	
ext less 3 diffilly. 90	PROFILE RIGHT OR LEFT
broken area or bruices hotel	A A CATA DAD RAPA
PHYSICAL EXAMINATION	1/) · ()/) · (// 8) 44/ 8 2 x x x/
A altin Campat	
P. Annulute & assist to	
1130 Anchal the in	RIGHT OR LEFT
In Ringry 5 assist. Gait	70.5
Steras States I Feel better	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
1210 Released to poor	
En comment Compliant & med	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME AM TIME	AMBULANCE SATISFACTORY DOOR
AM AM	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ ☐ CRITICAL
5/28/27 12/00	E DOC# DOB R/S FAC.
NUBBE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	E DOC# DOB R/S FAC.

SPECIAL NEEDS COMMUNICATION FORM

Date:	:_5-15-07
To:	Doc
From	n:Hcu
Inma	ite Name: BARRY THOMAS ID#: 178628
	ollowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extrauntil
5.	Other
Com	ments: BOTTOM BUSK PROFILE X QUEETS
57.	ALT 5-15-07 570p 5.30-07
,	Barry & Thomme 178628
Date:	5-15-07 MD Signature: Dt D45 10 And Time: 11 /20

60418



RELEASE OF RESPONSIBILITY

Inmate's Name: Bally	Thomas			
Date of Birth: 1/20/66	Socia	al Security No.;	#17860	28
Date: 5(3)07	Time	1	OLS	AM.
This is to certify that	Barry Thon	MQS nate's Name)		, currently in
custody at the	(Print Facility's Nar	me)		, am refusing to
accept the following treatment/recomme	ndations: 16 SV	DW 5/4		
		(Specil	(y in Detail)	
I acknowledge that I have been fully involved in refusing them. I hereby release personnel, Prison Health Services, Inc. and action/refusal and I personally assume al	e and agree to hold harmless I all medical personnel from a	s the City/County/s all responsibility and	State, statutory author	ority, all correctional
		M	R	
(Signature of Inmate)**		MM	gnature of Medical Person)	
(Witness)		10/1-00	(Witness)	

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

HEALTH CARE UNIT PATIENT INFORMATION SLIP PATIENT_INFORMATION SLIP entress INSTITUTION INSTITUTION R/S NAME NUMBER Lay-in for days from Lay-in for days from (date) (date) due to due to (date) (date) nstructions: Failure to follow the directions above may result in a disciplinary. Failure to follow the directions above may result in a disciplinary.

Document 20-4

Filed 08/22/2007 Page 103 of 134

Case 2:07-cv-00630-MEF-WC

Signature

)ate Issued

:-53

Case 2:07-cv-00630-MEF-WC HEALTH CARE UNIT

Document 20-4

Filed 08/22/2007EALPAPE 194 01/134

ME. A MESSEL WAS IN NAVIO				error de a a	atto n nome
PATIENT	IN	FOR	MA	TION	SLIP

PATIENT INFORMATION SLIP

INSTITUTION

UCF

\cdot	•
Thomas, Borry 178628 Um NAME) NUMBER R/S	Thomas Barry 178628 WM NAME NUMBER R/S
Lay-in for days from to	Lay-in for to
(date)	(date)
due to	due to
(date)	(date)
Instructions: Between to tell on Monday	Instructions: Slide profile for (1) one
7/22/02 at 1:30pm to	Week 7/23/02 to end 7/30/02
Del MD	
Failure to follow the directions above may result in a disciplinary.	Failure to follow the directions above may result in a disciplinary.
Jate Issued Signature	Date Issued Date Issued Date Issued Date Issued
Barry L. Thomas	F-53 Bary X. Thomas

HEALTH CARE UNIT PATIENT INFORMATION SLIP

INSTITUTION

Thomas Barry 178628 W/m NUMBER R/S	
Lay-in for days from to (date)	
(date) due to	
Instructions: Between to tell	
Ou Bri. 7/19/02	
at 130 pm for MD	·
appt.	
Failure to follow the directions above may result in a disciplinary.	*
Date Issued Date Issued Signature Baugh Thomas	
F-53 Barey Chomos.	

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

	ate's Name: Thomas, Barry R Date: 5-13-02 Time	: <u>9:1</u>	<u>5 AN</u>
DOE	3: //- 20-66_ Officer: // /////////////////////////////////	-	
	Receiving Officer's Visual Opinion	<u>Yes</u>	No
1.	is the inmate conscious?		$\overline{-}$
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		<u> </u>
4.	Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		
5.	Is the skin in poor condition or show signs of vermin or rashes?		
6.	Does the inmate appear to be under the influence of alcohol or drugs?		
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		
8.	Is the inmate making any verbal threats to staff or other inmates?		
9.	Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		/
10.	Does the inmate have any obvious physical handicaps?		<u></u>
	If the answer is YES to any questions from 2-10 above, specify WHY in section	below.	
11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		7
12.	Are you on any special diet prescribed by a physician? (if YES, what type?)		
13.	Do you have a history of venereal disease or abnormal discharge?		/
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?	—/	
15.	Have you ever attempted suicide? 3 fmm ()		/
	(If YES, When? 1984, 1989, 1994 How? White outline hand gum		
16.	Do you want to do any harm to yourself now?		<u>v</u>

All inmates have access to healthcare 24 hrs. a day, 7 days a week. Treatment for routine health services complaints is processed through nurse sick call. You must complete a sick call screening form for requested health care evaluation. Various doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised by facility daily newsletters routinely post notices of who is to report when and where for health care services. If you complete a sick-call form, please report to sick call the next business day, no later then 5:30am. Routine sick call will not be posted in the newsletter, but D.O.C. has a log of who has signed up for sick call. If you request health services and do not show for evaluation you must sign a refusal of treatment form. If a health services appointment/clinic or treatment has been set for you and you do not show you will also have to sign a refusal of treatment for. This is to let us know you have decided you are okay and no longer need to see us. Nurses are in house twenty-four hours a day seven days a week for rontine health services and programs. Nurses are also available for emergency care. Doctor's are on call twenty-four hours a day seven days's a week. In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health unit for further follow-up during this time period other wise your request will be held until the next regularly scheduled evaluation process. Medical emergencies such as those involving intense pain, potential life threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided. Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form. Remember that health services are a joint effort between the patient and the health car provider. We expect you to help us help you. Fee for services. You truly understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services staff does not collect copay fees for health services nor do monies collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay fee. If you do not have money in your PMOD account and you are accessed a charge you will have a negative balance in your until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge. Educational inservices are routinely scheduled. Please attend and participate. Notice of in-services topics, dates and times will be published and posted in advance. Complaints against health care are attempted to be resolved as soon as possible and as reasonably as possible. You may obtain a complaint form from the same place you obtain sick call request slips and you may return these where you return your sick call request slips. If your complaint is not resolved when health services person speaks with you, you may file a grievance. This form will be given to you by the health person that has attempted to resolve the complaint. A complaint form must be initiated before a grievance form can be completed. Let your family and loved one's know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but will have to let them know what you feel they should know about you. Understand, we will assure your family and loved one's you have health services available. We will also tell them that they must go through you or the Department of Corrections fro release if information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with

Case 2:107 health 8:6600 cold PErch/lor you Discount metal 20 provider Filted 08/22/22/07 Path Seages 108 of 134

outside the prison s. Ing and we do not have these records you will need to sign release of records forms so we can obtain copies for placement in your institutional health record. A physical is begun on you upon your arrival into the prison system. You will be notified yearly thereafter when you next physical is scheduled. Mental health services dental services; medical services, chronic care clinics and many other health services are available. We wish you a healthy stay. If you need medical services we want you to understand how these services are obtained. Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations. We follow doctor's orders when dispensing medication-dose and time. If over the counter medication is given by health services it is through the order of a doctor. Population pill call at this institution are scheduled as listed below. If you have medication ordered report to the pill call your medication is to be dispensed at.

3:00 AM

3:00PM

9:00 AM

6:00PM

segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:00 AM

2:30PM

8:00 AM

If you have a question request an answer.

MATE SIGNATURE/DATE

PHS107

N610

ALABAMA DEPARTMENT OF CORRE TIONS

RECEIVING SCREENING FORM

Inma	ate's Name: Thomas, Barry F Date: 3-8-02 Time	:	
	3: 11-20-66 Officer: Institution: VCF		
	Receiving Officer's Visual Opinion	Yes	<u>No</u>
1.	Is the inmate conscious?	1	
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		<u> </u>
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		
4.	Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		
5.	Is the skin in poor condition or show signs of vermin or rashes?		1
6.	Does the inmate appear to be under the influence of alcohol or drugs?		
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		_
8.	Is the inmate making any verbal threats to staff or other inmates?	***	
9.	Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		/
10.	Does the inmate have any obvious physical handicaps?		
	If the answer is YES to any questions from 2-10 above, specify WHY in section	below.	
11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		
12.	Are you on any special diet prescribed by a physician? (if YES, what type?)		_/_
13.	Do you have a history of venereal disease or abnormal discharge?	·	_/
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?	****	
15.	Have you ever attempted suicide?		
	(If YES, When? How?		
16.	Do you want to do any harm to yourself now?		-

			Yes	<u>No</u>) /	No Response
17.	Do you want to ta	lk to a mental health counselor?		<u> </u>	
18.	Are you allergic t	o any medication?		<u> </u>	
19.	Have you recently	y fainted or had a head injury?			
20.	Do you have epile	epsy?		<u> </u>	
21.	Do you have a his	story of tuberculosis?		<u> </u>	
2 2.	Do you have diab	etes?		\	
23.	Do you have hepa	atitis?		1	
24.	Do you have a pa	inful dental problem?		//	
25.	Do you have any	medical problem we should know about?		<u>/</u>	
26. Com	Do you have a pa What type? (Company) For how long? — Inments: (Unusual	<u>/уи.</u> Last time used?	3		
Fort	the Officer:		.,		
27.	Was the new inma	te briefed on sick/dental call procedures?			yer
28.	This inmate was:	a. Released for normal processing		_/	
		b. Referred to appropriate health care unit			V
		c. Immediately sent to health care unit	//// Offic	er's Sigrat	nglf
Note	: This form is cor	npleted on inter and intra system transfers	at receivi	/ ng and wi	ill be filed in

the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.



SPECIAL NEEDS COMMUNICATION FORM

Date:	
To: Doc	
From: PHS Inmate Name: Thomas Bave	
Inmate Name:	10H. 10 10 10 10 10 10 10 10 10 10 10 10 10
1. House in	
2. Medical Isolation	
3. Work restrictions	
4. May have extra	_until
5. Other	
Comments: No frolong Standing + [2/9/05-12/53/05	2 Weeks
Date: Aghs MD Signature: What Darks	
& Bary F. Tho.	mor_178628 60418



SPECIAL NEEDS COMMUNICATION FORM

Date	: 1/-18-05		
To:	Doc		
Fron	1: 9ts		
Inma	ite Name: Homas Barry	ID#: 178628	
The fo	ollowing action is recommended for medical reasons:		
1.	House in		
2.	Medical Isolation		
3.	Work restrictions		<u>:</u>
4.	May have extra	until	
5.	Other		
Com	ments: O Prolonged Standing	Profile X Z	
wh	s- 11-18-55-> 12-205		
Date:	11-18-5 MD Signature: VO Or D autour	Time: 9 m	

60418

Bary K. Thore

PRISON HEALTH SERVICES Alabama Department of Corrections KOP Medication Protocol

Document 20-4

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

- 1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
- 2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not to many left, not to few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
- 3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
- 4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
- 5. Once we have established the program, other will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
- 6. We will not place just anyone on KOP. The individual must have past history evaluated first. This program will not include out-patient or inpatient mental health inmates.
- 7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
- 8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature:	Bates homes	AIS#:_ <i></i>
Nurse Signature:	\$K	Date:

Release of Responsibility

BAPRY K	2. THOMAS		4-25-03		
lame of Inmate			Date		
178628	11-20-66				
nmate ID Number/D	ate of Birth		· •	•	
				.	
hereby refuse to ac	cept the following tre	eatment / recom	imendations:		
	<u> 477M)</u>	assit.			
·	·	<i>y I</i> .			
					•
ind the risk(s) involvind agents from all r	ed in refusing. I here	eby release and	derstand the above treat agree to hold harmless by result from this action Witness	NaphCare, Inc., is	employees
Date / Time					
ı	•• ,			-	
The aforementioned in his form.	nmate has refused th	ne listed medica	I treatment(s)/recomme	ndation(s) and has r	efused to sign
 Vitness	· · · · · · · · · · · · · · · · · · ·		Date / Time		·
1141033					÷
					p ⁱ
Vitness					
			•		

Release of Responsibility

NC025

Release of Responsibility

<u>Shomas</u> Name of Inmate	Barry	· · · · · · · · · · · · · · · · · · ·	Date -	03	
1286 Inmate ID Number/Da					
I hereby refuse to acce	ept the following treat	tment / recom	mendations:		
I acknowledge that I h and the risk(s) involved and agents from all res	d in refusing. I hereby	release and a	agree to hold harmle	ess NaphCare, Inc., it	mendation(s) ts employees
A Bury R. Inmate Signature	Thomas	· .	<u>Bush</u> Witness	JN-	
<u>#-//-03</u> Date / Time	· ·				
The aforementioned in this form.	nate has refused the I	listed medical	treatment(s)/recomr	nendation(s) and has	refused to sign
Witness			Date / Time		
	**************************************		Date / Time		
Witness		<u></u>			

Release of Responsibility

NC025

HEALTH STATUS	
Transferring Name Momas, David	
Facility: 1/0 MX1811 AIS 178628	
Age Date of Birth	
Time 1/3 10	
Allergies WKA	
Food Handler Approved YIN	
Current Acute Conditions/Problems:	
Chronic Conditions/ Problems: Co	
Current Medications- Name, Dosage, Frequency, Duration:	
Acute short term medications	
Addition to the state of the st	
Chronic Long Term Medications	
Chronic Psychotropic Medications	
Current Treatments:	
Follow up care Needed	
Last PPD 7-28-07 Results & mms Last Physical 7 1301 02	
Chronic Clinics	
Specialty Perforals	
Significant Medical History Constipation, Migraine HA.	
Physical Disabilities/Limitations Glasses Contacts	
Assistive Devices/Prosthetics Glasses Contacts Mental Health History/Concerns	
	_
Substance abuse Y/N Alcoho Y/N Drugs Y/N Signature/Title/Date	
Hx Suicide Attempt Date Many full from the first terms of the fi	
//) HX-PSYChOtropic Medication // // // // // // // // // // // // //	
Previous Psychiatric Hospitalizations	
SARANTE AREA COMMENT	
Transfer Reception Screening P Disposition (Instructions: Check or	
Date H / Stime 2 6 m pm circle/as appropriate) So Current complaint A A Routine-sick call Instructions given	
S: Current complaint N Routine-sick call instructions given	
Current medications/T reatments	
HIV/TB Instructions given	
Physician referral 17	
Urgent / Roughte	./
O Physical Appearance/Behavior 10 1681 Medication Evaluation	1/2
Work/Program Limitation 4 Con (
Deformities: Acute/Chronic N D Special Housing Specialty Referrals	<u>)</u>
FIST P S R 8 -B/P 110/80 — Specially Referrals Chronic Clinics	40
A LAR CO (Morrishe durite Mental Health	7
made 5 cument medica co other	<i>;</i>
Infirmary Placement	įη.
Physician referral Urgent / Routine O Physical Appearance/Behavior O	1
	X
Dracewell MV	

- NC 071

EASTERLING CORRECTIONAL FACILITY PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for routine medical complaints and mental health complaints are processed through nurse screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. You may obtain screening forms from any dorm cube or shift commander's office. you need to place the screening form in the locked box located at the dining hall. All health service requests are subject to a \$3.00 co-pay being deducted form your PMOD account, depending on the nature of your request. Forms for segregation inmates will be collected by nursing personnel on 4:00am medication rounds. Doctor's clinic is held Monday through Friday excluding holidays or an unexpected emergency.

Inmates on sick-call screening must report for screening or sign a refusal of treatment form declining care. Screening for population is held on 1st shift at approximately 7:00am. Screening for segregation is held during the morning pill call rounds. Sick-call screening is held Sunday through Friday.

Pill call times for this institution are as follows:

POPULATION	DIABETIC	SEGREGATION
4:00am	3:00am	4:00am
9:00am	9:00am	10:00am
5:00pm	3:00pm	5:00pm

Medical request on weekends and holidays are reviewed. Any request for medical attention that cannot wait until the next sick-call clinic will be processed at that time. All other request will be held until regular Sunday through Friday sick call. Medical emergencies, such as those involving intense pain, potential life-threatening situations, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest Correctional Officer of an emergency, so prompt access to health care is provided.

You are required to sign up for Dental sick call using the same procedure as medical sick call. Population and Segregation Dental Screenings are held weekly on Monday evenings at 1:00pm in the Health Care Unit. Follow-up care, if needed, is scheduled at this time. Emergency dental service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and the Health Care Staff. Prescribed medications are to be picked up at pill-call, appointments kept, and education in services attended.

Comfort medications, such as cold medicine, headache medicine ect. are available in the canteen.

We ask that medical complaints against the Health Care Unit try and be resolved face to face. If concerns cannot be resolved verbally, a written complaint may be filed. You may get this form in the Health Care Unit. You must complete this form listing specifically the reason for dissatisfaction, steps you have taken and the action requested to resolve the problem. Return this form to the Health Care Unit.

N610

ALABAMA DEPARTMENT OF CORRECTIONS

	B/18 2-20 1		
lnm	ate's Name: <u>BARRY THUMAS</u> Date: <u>6-16-95</u> Time	10:24	(m-
DOI	RECEIVING SCREENING FORM ate's Name: RARRY THUMAS Date: 6-16-95 Time 3:3-22-25 Officer: FROWN Institution: B.C.C.	Fi.	
	Booking Officer's Visual Opinion	<u>Yes</u>	<u>No</u>
1.	Is the inmate conscious?	<u>i</u>	
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		+
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		
4.	Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		
5.	Is the skin in poor condition or show signs of vermin or rashes?		-
6.	Does the inmate appear to be under the influence of alcohol or drugs?		-
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		
8.	Is the inmate making any verbal threats to staff or other inmates?		
9.	Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		
10.	Does the inmate have any obvious physical handicaps?		
	If the answer is YES to any questions from 2-10 above, specify WHY in section	below.	
11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		_
12.	Are you on any special diet prescribed by a physician? (if YES, what type?)		
13.	Do you have a history of venereal disease or abnormal discharge?		
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?		+
15.	Have you ever attempted suicide?		+-
	(If YES, When? How?		
6.	Do you want to do any harm to yourself now?		

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EMERGENCY/_

(OTHER)

TREATMENT RECORD

DATE TIME FACILITY	(')=	□ EMERGENCY
O-2 9N DSIR OPDL DES	SCAPEE []	POTHER .
	CONDITION ON ADMISSION	
ALLERGIES KK	GOOD GAIR POOR	SHOCK HEMORRHAGE COMA
ORAL VITAL SIGNS: TEMPRECTAL RESP	PULSE B/P	RECHECK IF SYSTOLIC
		<100>50
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # B	URN XX FRACTURE Z LACERATION/ XX SUTURES
S-Leaving back in chair Sell Dackionard & hit-his Nead = Out for I second Hendriche PHYSICAL EXAMINATION O-No Contesion DR hempione Noted		XX Z SUTURES
ORDERS, MEDICATION, etc.		Read Const
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERRE	ED TO YOU DOC COND	ITION ON DISCHARGE
10 100 94 AM	☐ AMBULANCE ☐ SA	TISFACTORY POOR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR		ULTATION
Challony 10:29A	ACE DATE OF BUTT	DIS AIC#
PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE DATE OF BIRTH	1 R/S AIS# 106 WM 178638

€ N610 787

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

TNMA'	THE NAME: THOMAS BOKKY		30 00.
n/18 •	11.20.66 OFFICER: Ben Brow INSTITUTION: BC	CF	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BOOKING OFFICERS VISUAL OPINION Y	<u>es</u>	<u>No</u>
1.		es	
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		+
	Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?		-
4	Anu obvious fever, swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution?		_
5.	Is the skin in poor condition or show signs of vermin or rashes?		
6.	Does the inmate appear to be under the influence of Alcohol, or Drugs ?		1
7.	(Extreme perspiration, shakes, nausea, pinpoint pupils acc)		
8.			+
9.	Is the inmate carring any medication or report that he is on any medication which must be continuously administered or available?		
	Does the inmate have any obvious physical handicaps?		
IF	THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY	IN SECTI	ON BELOW
11.	Are you presently taking medication for diabetes, heart disease, seizure, athritis, asthma, ulcers, high blood pressure or psychiatric disorder?	<u>/</u>	<u></u>
12.	Are you on any special diet prescribed by a physician ? (if yes - what type ?)		
13.			-
14.	Have you recently been hospitalized or recently seen a medical or doctor for any illness ?	psychia	tric .
15.	Have you ever attempted suicide? (If yes - When ? Syll3, 54 How ? OVER CLOSE	<u> </u>	
16	and be do any berm to yourself now?		

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EMERGENCY/______TREATMENT RECORD

<u> </u>	1/17₁ □ EMERGENCY
DATE TIME FACILITY DE	1010
10/20/11 1/20PM	CONDITION ON ADMISSION
ALLERGIES NK/	GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMPORAL RESP	PULSE D B/P Y SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURES
3-0P @ 10221NSS. HRT	*
Occasionalis Throat ked	W- 0
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E. aprile, but never	A MA
this dispris	
- Was coloned Till offer	
malla CDE VA and	1 () / _ \
PHYSICAL EXAMINATION	
acrumite af 10000	Twil \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
S. Willing	·
	1 / / / / / / / / / / / / / / / / / / /
ORDERS, MEDICATION, etc.	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
THE LOCATION OF THE PROPERTY AND THE PRO	ED TO 2 SOC CONDITION ON DISCHARGE
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFERF	ED TO BOC CONDITION ON DISCHARGE AMBULANCE SATISFACTORY POOR FAIR CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	
10000000000000000000000000000000000000	Lo/20/9) AGE DATE OF BIRTH R/S AIS#
PATIENT'S NAME (LAST, FIRST, MIDDLE)	1 100000
Showers Barrey	31/11/2966 WM 118628

PROBLEM LIST

$\mathcal{L}(\mathcal{L})$		1	
Name: //	Masi	Dar	1
AIS#	8628		7
Date of Birth:	11-20-	66	

M	ledication Allergies: NKDA		
М	ental Health Code CVII VI D	ate Code Assigned: dentified on the Pro	$\frac{1-29}{\text{blem List}}$
Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
12 Agent	2 and code HARM		- pzu
10/15/02 10/21/02 7/30/03	Constitution And Tyn. [HIST]	10/27/24	JG.
5/10/04	(HKSTORY)		Blay

PROBLEM LIST

Name Tromas, Barry

ID# 178628

D.O.B. 11-20-66 WM

Medication Allergies _____

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Card Practitioner Initial
	Bepolar alesonder		
	M. d.		
\$/15157	merane headache. Mestan (NO PERA AT HIS Aret)		
<u> </u>	MESTER (NO EXPLAT HIS Agent)		2
	1		
		·	
			,

BULLOCK HEALTH CARE UNIT

01/94



RELEASE OF RESPONSIBILITY

Inmate's Name: TWM AS, Ba	NR
Date of Birth:	PAIS INBEZE
Date: 1/2309	Ting: 650
This is to certify that I, Human	(Print Inmate's Name), currently in
custody at the	, am refusing to
accept the following treatment/recommendations:	No Mellication-
involved in refusing them. I hereby release and agree to hold ha	erstand the above treatment(s)/recommendation(s) and the risks armless the City/County/State, statutory authority, all correctional I from all responsibility and any ill effects which, may result from this welfare.
Barry Thomas 118628 (Signature of Inmate)**	(Signature of Medical Person)
(Witness)	(Witness)

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

9A43



RELEASE OF RESPONSIBILITY

Inmate's Name: Thomas	Ban	
117060		118628
Date of Birth:	Social Security No.:	
Date: 00/304	Time:	27 AM
This is to certify that I,	MMS BOWN Print Inmate's Name)	, currently in
custody at the	(Print Facility's Name)	, am refusing to
accept the following treatment/recommendations:	Calay) Detail)
I acknowledge that I have been fully informed involved in refusing them. I hereby release and agre personnel, Prison Health Services, Inc. and all medica action/refusal and I personally assume all responsit	e to hold harmless the City/County/S al personnel from all responsibility and	tate, statutory authority, all correctional
Bary R. homen (Signature of Inmate)**	<u>Etea</u>	nature of Medical Person)
(Witness)		(Witness)

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

TIOUS INTIO
IOVASCULAR G.I. TIOUS E NIC HIATRIC R D PRESSURE BING
TIOUS NIC HIATRIC PRESSURE SING
TIOUS E NIC HIATRIC R D PRESSURE SING
NIC HIATRIC R D PRESSURE SING
NIC HIATRIC R D PRESSURE SING
NIC
HIATRIC R D PRESSURE SING
PRESSUREBING
D PRESSURE
SING
CHECK CCAPPT
CHECK aget
a ciccappt
130
•
Placed on sick call
Inform MH Department
M.A.R. Review
Counceline
Counseling Discontinue Meds
Discontinue Tx
Change Meds
Refuses to sign

PRISON HEALTH SERVICES, INC.

HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES NO COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below) Persistent Cough Chest Pain Blood in Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES Weight Temp 97 Pulse 8 Eye Exam: OD VID OS VIDOL	Last weight at least 6 months ago Scientifica C Hx 24 Spack Day quit Resp Blood Pressure 102 55 If greater than > 140/60, repeat in 1 hour. Refer to M.D. if remains > 140/90.
II. TESTING – (LPN or RN)	/Ψ *
Tuberculin Skin Test (q yr) Past Positive TB Skin Test (Chest x-ray if clinical symptoms) RPR (q 3 yrs) EKG (baseline at 35, over 45 q 3 yrs) Cholesterol (at 35 then q 5 yrs) Finger Stick Blood Sugar * If > than 200 repeat Finger Stick BS within 48 he Optometry Exam (@ 50 if not already se Mammogram (females @ 40, q 2 yrs/other M.D. ord	Date Results Date 5-zz-o (Results NR) //-z 7 0 1 NSR ///2 9/6 1 25 3 Results 12 Results Property Results Results Date Results Results Results
Heart Lungs Breast Exam Rectal (yearly after 45) with Hemoccult Pelvic and PAP (q 1 yr) Facility M.D. or Mid-Level Signature MATE NAME AIS#	Results Date Results Date Date Date Date Date Date The Property of the Prop



HEALTH EVALUATION

		·			
	I.	HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
		Weight Change (greater 15 lbs.)	•	1	
		(Compare Weight Below)			
		Persistent Cough		·/	Last weight at least 6 months ago
		Chest Pain			
		Blood in Urine or Stool			
		Difficult Urination			
		Other Illnesses (Details)	•		
	<u> </u>	Smoke, Dip or Chew		1	
		ALLERGIES			NKOA
	***	DUL - 488 71			1-1
_	Wei	ight / 4# Temp 18 Pulse / C	Resp		od Pressure 125/84
	Eve	Exam: 20 1000 to 50 05 20 50 0U			han > 140/60, repeat in 1hour.
	Lyc	Brain. 2 11201 2 50 05 26 50 00		Refer to M	.D. if remains > 140/90.
	II.	TESTING - (LPN or RN)	RESULT	ΓS	
		Tuberculin Skin Test (q yr)	Date give	en 5-20.	OSite LED
				5/22/50	
		Past Positive TB Skin Test		Complete	
		(Chest x-ray if clinical symptoms)	Date		Results
		RPR (q 3 yrs)	Date 5	20.0	<i>-</i>
		/ EKG (baseline at 35, over 45 q 3 yrs)	5 T	54	
		Cholesterol (at 35 then q 5 yrs)	1129-	04	
		Finger Stick Blood Sugar	Results	100	3
		* If > than 200 repeat Finger Stick BS within 48 hou	rs Results -		
		Optometry Exam (@ 50 if not already seen	n)		
		Mammogram	Date	F	Results
		(females @ 40, q 2 yrs/other M.D. order	r)		
	III.	PHYSICAL RESULTS - (RN, Mid-Level	, M.D.)		
			Tan		<i>,</i> ′
		Heart	CKIL		
		Lungs	<u> </u>	<u> بلاد</u>	
		Breast Exam	Frisk	ucked	
i		Rectal (yearly after 45)	Results	11	
		with Hemoccult Pelvic and PAP (q 1 yr)	Results	'	
		Tervic and PAP (q 1 yr)	Date	I	Results
	Facilit	ity East Nurse Signature	han	4R	Date 5-20-06
	M.D.	or Mid-Level Signature	D-	***	Date 1
	INMAT	ENAME AIS#	7 D.O.I	 3.	RACE/SEX
	1	AJ	28 1		
		on his Livery I IXI	_ /- T 11	(_C) \^	G VOII



YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)		YES	NO	COMMENT(S)
Weight Change (greater 15 (Compare Weight Below) Persistent Cough Chest Pain Blood in Urine or Stool Difficult Urination Other Illnesses (Details) Sinoke, Dip or Chew ALLERGIES Weight Temp Temp P Eye Exam OD OD OS O OD OS O OD OS O OD OS O OD OS O OD OS O OD OS O OD OS O O O O	lbs.) Pulse 24 20/300U	Resp / 2	greater than	Pressure 110/2012 Pressure 110
II. TESTING – (LPN or RN)	/ *	RESULTS		- 17000000 X400700
Past Positive TB Skin Test (Chest x-ray if clinical sympt RPR (q 3 yrs) EKG (baseline at 35, over 45 Cholesterol (at 35 then q 5 yrs Tetanus/Diptheria (q 10 yrs) (if done today) Optometry Exam (@ 50 if not Mammogram (females @ 40, q 2 yrs/othe	q 3 yrs) s) already seen)	Survey Co Date Date 7		Due Lot #
III. PHYSICAL RESULTS - (RN	N, Mid-Level,	M.D.)		
Heart Lungs Least Exam Rectal (yearly after 45) with Hemoccult Pelvic and PAP (q 1 yr)		Results — Results — Results — Date —		ults
Facility Estulin Nurse Signatu	ire d. Li	ingy	(h)	Date 11 - 27 - 64
M.D. or Mid-Level Signature				Date
MATE NAME	AIS#	D.O.B.		RACE/SEX
homas, Barry	178628	11/20	1610	WIM

1.	HISTORY - (Nurse)	YES	NO CO	MMENTS
	Weight Change (>15 lb.) (Compare Weight Below) Persistent Cough Chest Pain Blood In Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES Weight Dremp Pulse Eye Exam Without Cought With Glass	Glasses	ago:	Weight at least 6 mo.'s S I I I B.P.
II.	TESTING (Nurse)		RESULTS	
)	Tuberculin Skin Test (q yr.) (chest x-ray if clinical symptoms RPR (q 3 yrs.) Urine Dip (yearly) (Glu.,Prd., RBC., WBC.) EKG (baseline at 35, over 45 q 3 yrs.) Cholesterol (at 35 then q 5 yrs.) Tetanus/Diphtheria (q 10 yrs.) If Done Today: Site G	Date Given Read On Date 311 Results	3-15- legative	Due_8004
III.	PHYSICAL		RESULTS	
	Heart Lungs Breast (q 2 yrs. p 30) Rectal (yearly p 45) With Hemocult Pelvic and PAP (q 1 yr.)	Results	egular Lear Vla Nla Na Results	
Inmate N	Name <u>Thomas Lauri</u>	u Ran	dall	AIS#_ <i> 18628</i>
DOB // Emergen	- 20-66 Age 34 Race	ews	ex <u>m</u> N <i>exande</i>	SSN <u>423-02-7670</u> C_Phone# <u>972-6870</u>
Address		ntgome	2010	
Facility_		E Killer	1/UN; T	Date <u>3-/5-</u> 0/
Physician	n Signature			Date 3 -17_0

KFD11

1.	HISTORY - (Nurse)		YES	NO	COMMENTS
	Weight Change (>15 I (Compare Weight Bel				Last Weight at least 6 mo.'s ago:
	Persistent Cough Chest Pain	•			
	Blood In Urine or Stoo	.1			
	Difficult Urination				
	Other Illnesses (Details	s)			
	Smoke, Dip or Chew				
	ALLERGIES	-			
	Weight Temp. C	Pulse 6 Without Glass	<mark>∠</mark> Re es	Ö	D26/300s26/30U
		With Glasses		0	DOSOU
II.	TESTING (Nurse)			RESUL	TS
	Tuberculin Skin Test (q (chest x-ray if clinical s RPR (q 3 yrs.) Urine Dip (yearly)	yr.) Date ymptoms Rea Date Res		3//	Site L + AR OResultsmm OResults
	(Glu.,Prd., RBC., WBC	Z.)	(110 <u>1</u>	300	
	EKG (baseline at 35, over	15 q 3 yrs.)	1	A	
	Cholesterol (at 35 then of	5 yrs.)		TIA	1
	Tetanus/Diphtheria (q 10 If Done Today:	yrs.) Last Site Given_	Given	Dos	Due
III.	PHYSICAL	^		RESULT	rs
	Heart	R	00.		
	Lungs	'(1	R		
	Breast (q 2 yrs. p 30)	Date	D	- Res	pults
	Rectal (yearly p 45)		lts	\bigcirc	A
	With Hemocult Pelvic and PAP (q 1 yr.)	Resul	- E		14
	16	Date	MI	Resu	ılts
Inmate I		, Ban	ry	\mathcal{H}_{i}	AIS# 178628
DOB //	7	Race	//Se	xM)	SSN_423027670
Address	ncy Addressee		/		Phone #
Facility	1/ : 11	C:	1	- 11 A	Bo A Daly (In)
_	n Signature	Signature +		$\frac{1}{\sqrt{N}}$	Date
			($\tilde{\Omega}$	
			(4	

I.	HISTORY - (Nurse)		YES	NO	COMMENTS
	Weight Change (>15 lb (Compare Weight Below Persistent Cough Chest Pain Blood In Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES	w)		1 11/11/1	Last Weight at least 6 mo.'s. ago:
		Pulse Pulse ithout Glasses ith Glasses	_	^ A A IL	. 15/ B.P.120/2 d 20 0s 2010 0u2012 0s 0u
П.	TESTING - (Nurse)			RESUL	TS
	Tuberculin Skin Test (q (chest x-ray if clinical sy RPR (q 3 yrs.) Urine Dip (yearly) (Glu., Pro., RBC., WB EKG (baseline at 35, ove Cholesterol (at 35 then q Tetanus/Diphtheria (q 10 If Done Today:	mptoms) I I C.) er 45 q 3 yrs.) 5 yrs.)	Read O Date 2 Results	ven912	Results 0 mm
Ш.	PHYSICAL		1	RESUL 7	rs
	Heart Lungs Breast (q 2 yrs. p 30) Rectal (yearly p 45) With Hemocult Pelvic and PAP (q 1 yr.)	Date Results Date Date	C Lia	Results	3
Address Facility	20 (ø(ø Age	Race_U_	Sex h		AIS # 178628 BN 423-02-7670 Phone #

I.	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LBS.))	1	
	PERSISTENT COUGH		ンシンン	
	CHEST PAIN		<u></u>	
	BLOOD IN URINE OR STOOL	,		
	DIFFICULT URINATION			
	ALLERGIES TO MEDS			
	SMOKING			
	OTHER ILLNESS (DETAILS)			
II.	PHYSICAL			RESULTS
	HEART			
	LUNGS			
	PELVIC AND PAP (q 1 yr.)	DATE		RESULTS
	BREAST (q 2 yrs p 30)	DATE		RESULTS
	WEIGHT SY RESP. 18	B/b 72	50(19	PULSE 16 TEMP. 98,4
	RECTAL WITH HEMOCULT (yearly p 45)			
III.	TESTING			RESULTS
				1256
	TUBERCULIN SKIN TEST (q yı	:.)	DATE G	EIVEN: 75/97) READ: 12/8/97
			RESULT	
	RPR (q 3 yrs.)	4	X ATE:	819 RESULTS:
	URINE DIP (yearly)		, -	
	(GLU., PRO., RBC, WBC	C)		necy
	MAMMOGRAM (40 and over q 2	yrs.) DATE	Λ	14
	EKG (baseline at 35, over 45, q			1h
	CHOLESTEROL (q 5 yrs.)	-		#
	TETANUS / DIPTHERIA (q 10 y	rs.)	91:	21/94
NITIDO	EIG .			
NURS SIGNA		le	<u> </u>	DATE_ 12/5/97
FACIL	ITY KCC PHYSI	CIAN'	! S SIGNA	TURE
EMER	GENCY ADDRESSEE			TELEPHONE #
ADDR				
1175				
DOB_	MUCAGE 31 RACE W	_SEX_	m_s	sn 423-02-7670
INMAT	TE'S NAME The Onlow	1 R	<u>vav</u>	415#178628
CM S i		•		

ĭ.	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LI PERSISTENT COUGH CHEST PAIN BLOOD IN URINE OR STO DIFFICULT URINATION ALLERGIES TO MEDS SMOKING OTHER ILLNESS (DETAIL	oor		
П.	PHYSICAL			DECITI TO
	HEART LUNGS PELVIC AND PAP (q 1 yr.) BREAST (q 2 yrs p 30) WEIGHT /79 RESP. /B RECTAL WITH HEMOCULT	DATE DATE B/P_//_8	N.	RESULTS RESULTS RESULTS LISE 84 TEMP. 97.6
	(yearly p 45)		MA	
III.	TUBERCULIN SUDITION			RESULTS
	TUBERCULIN SKIN TEST (q RPR (q 3 yrs.) URINE DIP (yearly) (GLU., PRO., RBC, WI	R D	ATE:	EN: <u>1031</u> PREAD:
	MAMMOGRAM (40 and over q EKG (baseline at 35, over 45, q CHOLESTEROL (q 5 yrs.) TETANUS / DIPTHERIA (q 10	DATE	NA 2-2-	8-95
NURSE SIGNA	C'S COOK AGO			16/2.101
FACITA		2-0		DATE //)/ **/ / 7/
FACILI	TV KXX	ICIAN'S S	SIGNATUF	DATE/0/3//96 RE
EMERG	TY / PHYS GENCY ADDRESSEE		SIGNATUE	RE
	TY / PHYS GENCY ADDRESSEE		SIGNATUE	
ADDRE:	SENCY ADDRESSEE PHYS SS 66 AGE 30 RACE W		SIGNATUR	RE
ADDRE:	GENCY ADDRESSEE PHYS	SICIAN'S S	2	RE